

Policy Number	3.1.1
Approval Body	Executive Committee
Policy Officer	President + Vice-Chancellor
Approval Date	October 2007
Review	2012

3.1.1 POLICY PLAN FORM

(Prior to policy development this form needs to be completed and signed off. Assistance can be provided through the President's Office.)

Policy Title: _____ Date: _____

Originator: _____ Anticipated Date of Completion: _____

The following to be completed by the President's office.

A. CIRCULATE FOR COMMENTS AND FEEDBACK TO THE FOLLOWING:

AMC Faculty Association CUPE Student Union

Others: _____

B. APPROVAL BODY (The following body has approval authority for this policy)

Board of Governors Senate Executive Committee

C. LEGISLATIVE OR OTHER REFERENCES OR POLICIES THAT LIMIT, ENABLE OR CONNECT

1. _____

2. _____

3. _____

D. APPROVAL TO BEGIN POLICY DEVELOPMENT

Comments: _____

President's Office Sign Off

Date