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| --- | --- |
| Effective Date | *DRAFT – 30 Day Campus Review* |
| Policy Number | *TBD* |
| Sponsor | *Vice President, VP* |
| Responsible Office | *Office Name* |
| Next Review Date | *TBD* |

1. REASON FOR POLICY

Text here

1. POLICY STATEMENT

Text here

1. RELATED DOCUMENTS, FORMS AND TOOLS

Text here

1. DEFINITIONS

|  |  |
| --- | --- |
| **TERM** | **DEFINITION** |
| Term | Definition |
|  |  |

1. CONTACT & ENFORCEMENT

|  |  |  |  |
| --- | --- | --- | --- |
| **ROLE** | **CONTACT** | **PHONE** | **EMAIL - Website** |
| Responsible Office | Office Name | (716) 673-xxxx | [email@fredonia.edu](mailto:email@fredonia.edu) |
| Enforcement | Office Name | (716) 673-xxxx | [email@fredonia.edu](mailto:email@fredonia.edu) |
| Policy | University Policy Office | (716) 673-4828 | [policy@fredonia.edu](mailto:policy@fredonia.edu)  [policy.fredonia.edu](http://policy.fredonia.edu) |

1. ACTIVATION INFORMATION

The following items are not part of the official policy document, but should be considered by the Policy Steward when implementing the policy.

**System Changes Required**

Is there programming or technical adjustments that need to be made prior to activating the policy? Does equipment or signage need to be purchased? Do support processes, documentation and/or web pages need to be updated?

**Communication and Training Plan**

Other than Policy Office announcements, is there other training and communication needed to activate this policy?

**Compliance Mechanisms**

Are there activities required for compliance? For example, some NYS policies require a yearly email or signs to be posted.

**Timing**

Is there a timing requirement, for example, the beginning a semester or academic year.