



Delaware State University Policy Request Form

Request for a New Policy, Deletion or Modification of an Existing Policy

CONTACT INFORMATION (required)

Requester:		Date:		Phone:	
Department:		Email:			

POLICY INFORMATION

Nature of Request:		Policy Category:	
Policy Name: (If applicable)		Policy Number: (If applicable)	

RATIONALE & CONTEXT

Please describe in detail why a new policy, modification, or deletion of an existing policy is required. Provide as much specific information as you can, including:

- If a new policy, describe the issues that have led to the need for a policy
- If a modification or deletion of an existing policy, describe the issues that have arisen to justify the need for revisions or deletion
- Cite relevant DSU policies, applicable external legislation, codes, etc.

TIMING

Is there time sensitivity to the development or modification for this policy? If so, please explain below.

Please email this form and any supporting documentation to Monica Hall, Associate Director of Policy & Compliance (mlhall@desu.edu). Please retain a copy for your records.

TO BE COMPLETED BY THE ASSOCIATE DIRECTOR OF POLICY AND COMPLIANCE

Recommendation:	Date Request Received:
PATS Team Members:	PATS Meeting Dates:

Additional Comments:
