

**University of Prince Edward Island
Policy Tracking Form**

Type of Contract:

- New Policy** **Revised Policy** **Cancellation of Existing Policy**

Policy Title _____

In a separate document, please describe the personnel, department, and committee (if applicable) involved in drafting this document and the purpose thereof. If an amendment, please provide a highlighted copy reflecting the changes.

Originating Person/Department

1 _____

2 _____

Recommended for Approval by the Dean/Director/Manager	
Date _____	Signature _____

Reviewed by:	
Comptroller's Office	Date _____ Signature _____
Financial Services	Date _____ Signature _____

Authorized for Approval by the Vice-President/President	
Date _____	Signature _____

Board Approval	
Applicable Board Committee:	_____
Date Approved by Board/Board Cte.	_____
(*Return Approved Policy to the Comptroller's Office)	

For Comptroller's Office Use	
_____	_____
Date of Receipt of Approved Policy	Policy Number Assigned
_____	_____
Date of Approval of Policy Changes	Date of Posting Policy to Policy Website
Signature _____	<input type="checkbox"/> Check box if <u>not</u> to be posted to website