|  |  |
| --- | --- |
| Policy Name: |   |
| Policy Number: |  |
| Date Reviewed by PAG |  |
| Date Approved by PEG |  |

## Approvals

|  |  |  |  |
| --- | --- | --- | --- |
| Accountable Senior Administrator:  |  | Date: |  |
| UPT Representative: |  | Date: |  |
| University Counsel: |  | Date: |  |
| President:  |  | Date: |  |
| Secretary to the Board of Trustees (if applicable): |  | Date: |  |