

**CAMPUS ADMINISTRATIVE POLICY JUSTIFICATION**

**Policy Title: Name of Policy**

Policy Number: XXX Functional Area: *Academic Affairs (1000), Administration*

 *and Finance (2000), General Administration (3000), Human Resources (4000), Information Technology (5000), Research (6000),*

 *Student Affairs (7000)*

**Date Submitted:** TBD

**Proposed Action:** Approve Update/Rescission/New Policy/FYI Only

**Desired Effective Date:** TBD

**Last Official Review:** TBD

**Responsible Officer/s:** As applicable

**Primary Lead/s:** As applicable

**Policy Contact/s:** TBD

**Applies to:** CU Anschutz Medical Campus

CU Denver Campus

**Reason for Policy:** This policy…

# I. REASON FOR PROPOSED ACTION AND SUMMARY OF CHANGES

Provide a brief justification for the action and summary of changes.

# II. STAKEHOLDER ENGAGEMENT IN THE POLICY REVIEW

List all the offices and personnel who participated in the drafting or coordination of this policy.

# III. LEGAL REVIEW

Is legal review of the proposed changes recommended?

**Yes/No**

# IV. FISCAL REVIEW

# Are there any financial (human resources, technology, operations, training, etc.) or other resource impacts of implementing this policy (e.g., cost savings, start-up costs, additional time for faculty or staff, new systems, or software)? Yes/No

# If yes, please explain: