**POLICY COVER SHEET**

*(See Faculty Staff Handbook 1460 for instructions at UI policy website: [www.webs.uidaho.edu/uipolicy](http://www.webs.uidaho.edu/uipolicy)*

<table>
<thead>
<tr>
<th>Faculty/Staff Handbook [FSH]</th>
<th>□ Addition  X Revision* □ Deletion* □ Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter &amp; Title:</td>
<td>1640.87/Teaching and Advising Committee</td>
</tr>
</tbody>
</table>

All policies must be reviewed, approved and returned by a policy sponsor, with a cover sheet attached to apm@uidaho.edu or fsh@uidaho.edu respectively.

*Note: If revision/deletion request original document from apm@uidaho.edu or fsh@uidaho.edu, all changes must be made using “track changes.”

**Originator(s):**  
(Please see FSH 1460 C)  
[Signature]  
Name  
Date  
Telephone & Email:  
208-885-6156/sflores@uidaho.edu

**Policy Sponsor:**  
(If different than originator.)  
[Signature]  
Name  
Date  
Telephone & Email:  

**Reviewed by General Counsel**  
Yes □ No □ Name & Date: ________________________________

I. **Policy/Procedure Statement:** Briefly explain the purpose/reason of proposed addition, revision, and/or deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual.

The revisions to the committee’s Functions and Structure are (1) to update to reflect changes to administrative and unit lines of reporting, oversight, and nomenclature; (2) to revise A-5 to state more clearly and to amend the committee’s role as not actually ‘hands on’ in its oversight of orientation activities but instead as parallel in function to the language of A-3; (3) to delete Function A-7 because this function has now been ‘centralized’ at the university with the advent of the Center for Excellence in Teaching and Learning (CETL) and by University Advising Services (4) to revise A-9 to reflect current unit names/titles, and to re-number it now to A-8; and (5) to delete A-10 because the committee in current and recent practice has arranged to meet at a time that best suits its members.

II. **Fiscal Impact:** What fiscal impact, if any, will this addition, revision, or deletion have?  
None.

III. **Related Policies/Procedures:** Describe other policies or procedures existing that are related or similar to this proposed change.

Only the overlap in ‘functions’ that prompted deleting Functions A-7 and A-8, as explained above.

IV. **Effective Date:** This policy shall be effective on July 1, or January 1, whichever arrives first after final approval (see FSH 1460 D) unless otherwise specified in the policy.

If not a minor amendment forward to: ______________________________________

---

Policy Coordinator  
Appr. & Date:  
[Office Use Only]

FSH  
Appr.  
FC  
GFM  
Pres./Prov.  
[Office Use Only]

APM  
F&A Appr.:  
[Office Use Only]

Track #  
Date Rec.:  
Posted: t-sheet  
h/c  
web  
Register:  
(Office Use Only)