POLICY COVER SHEET

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

Faculty/Staff Handbook [FSH] ☐ Addition ☐ Revision* ☐ Deletion* ☐ Emergency
Minor Amendment ☐

Chapter & Title: FSH 2700 Student Evaluations

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): Stephan Flores, Chair, Teaching & Advising

(Please see FSH 1460 C)

Telephone & Email: sflows@uidaho.edu

Policy Sponsor: (If different than originator.)

Telephone & Email:

Reviewed by General Counsel _X_ 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.

TEAC approved to move ahead to implementing the intended ‘final’ form approved back in 2016. The transitional form is no longer needed and thus will be removed.

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

Institutional testing and assessment will redesign the website.

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

None

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: ___________________________________________

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

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

FSH
Appr. ____________
FC ____________
GFM ____________
Pres./Prov. ____________
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APM
F&A Appr.: ____________
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