**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)*

**Faculty/Staff Handbook [FSH]** □ Addition □ Revision* X Deletion* □ Emergency  
Minor Amendment □  
Chapter & Title: 4300 Teacher Education

**Administrative Procedures Manual [APM]** □ Addition □ Revision* □ Deletion* □ Emergency  
Minor Amendment □  
Chapter & Title: ______________________________________

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.”

<table>
<thead>
<tr>
<th>Originator(s):</th>
<th>Taylor Raney</th>
<th>September 18, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please see FSH 1460 C)</td>
<td>Name Date</td>
<td>5-1027  <a href="mailto:tcraney@uidaho.edu">tcraney@uidaho.edu</a></td>
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**Policy Sponsor:** (If different than originator.)

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<th>Telephone &amp; Email:</th>
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**Reviewed by General Counsel**  
____ Yes X No  Name & Date: ________________________________

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

Discovery of this portion of the Faculty/Staff Handbook subsequently revealed several inconsistencies with current practice. While some proposed changes are simply to enhance readability, many are substantive, some pertaining to teacher education national and state accreditation. Each change is referenced below.

The language included in FSH 4300 is outdated. Upon consultation with the faculty secretary, we have determined that there is no reason to keep this information in the Faculty-Staff Handbook and request that it be removed.

**II. Fiscal Impact:** What fiscal impact, if any, will this addition, revision, or deletion have?  
one

**III. Related Policies/Procedures:** Describe other policies or procedures existing that are related or similar to this proposed change.  
None identified

**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 h/c web web |
| Register: ______________  |

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

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

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

**Pres./Prov. ____________**  
[Office Use Only]