POLICY COVER SHEET
(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy) [3/09]

<table>
<thead>
<tr>
<th>Faculty/Staff Handbook [FSH]</th>
<th>Addition □ □ Revision* □ Deletion* □ Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter &amp; Title:</td>
<td>FSH 1520 – University Constitution</td>
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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): ______ Senate Sub-Committee 9/23/14
(Please see FSH 1460 C)

Telephone & Email: ____________________________________________

Policy Sponsor: (If different than originator.) Senate Leadership/ Marty Ytreberg, Chair

Telephone & Email: ____________________________________________

Reviewed by General Counsel □ Yes _X_ 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.

Proposed language affirms academic freedom in faculty governance and university programs and policies.

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.

FSH 3160; FSH 1540

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]

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

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