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

Facility/Staff Handbook [FSH] □ Addition □ Revision* □ Deletion* □ Emergency
Minor Amendment □
Chapter & Title: FSH 1640.89 – UCGE

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.”

Originator(s): Rodney Frey 4 December 2014
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Policy Sponsor: Rick Fletcher (Chair UCGE) 4 December 2014
Name Date
Telephone & Email: 885-6021 fletcher@uidaho.edu

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.
1. To acknowledge the additional function that UCGE has in reviewing and approving SBOE “GEM” transfer courses.
2. To establish the formation of the General Education Assessment Committee, a sub-committee of UCGE. Its function is to work with the Director of General Education and Assistant Director of Institutional Research and Assessment or designee, assisting in the implementation of general education assessment. This sub-committee annually reports assessment findings to UCGE.

II. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have?
No impact anticipated

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

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. ____________
Track # ________________
Date Rec.: ________________
Posted: t-sheet ________
h/c ________________
web __________________
Register: ________________
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APM
F&A Appr.: ________________
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