POLICY COVER SHEET

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

[3/09]

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

Chapter & Title: FSH 4930 – Honorary Degrees

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): Beth Hendrix, Chair of Commencement Committee
(Please see FSH 1460 C)
Telephone & Email: bhendrix@uidaho.edu 4/27/17

Policy Sponsor: (If different than originator.) n/a
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.

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

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. ____________________________
[Office Use Only]

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

Track #: ____________________________
Date Rec.: 4/27/17
Posted: t-sheet ______
h/c ______
web ______
Register: ____________________________
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