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

Reason for Change:

Addition □ Revision* □ Deletion* □ Emergency

Chapter & Title: 4400 College-Level Examination Program (CLEP)

Addition □ Revision* □ Deletion* □ Emergency

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):
Dwayne Hubbard 07/12/17
(please see FSH 1460 C)

Telephone & Email: 208-885-9460 dhubbard@uidaho.edu

Policy Sponsor: (If different than originator.)

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.

I am proposing to have this section of the Faculty Staff Handbook deleted. Information on CLEP exams and other exams that the University awards credit for can be found in academic regulation I - Alternative Credit Opportunities in the University’s General Catalog.

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.

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.

Summer 2018

If not a minor amendment forward to: ___________________________________________
Track # ____________________________
Date Rec.: ________________________
Posted: t-sheet ___________
h/c _______________________
web _______________________
Register: _______________________
(Office Use Only)

Policy Coordinator

Appr. & Date: ____________________________
[Office Use Only]

FSH

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

APM

F&A Appr.: _______________________
[Office Use Only]