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 2400 – University Disciplinary Process for Violations of Student Code of Conduct; FSH 1640.93 SDRB, 1640.83 – Student Appeal Committee
– new Student Conduct Board 1640.83

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.”


(Please see FSH 1460 C)

Telephone & Email: bbrandt@uidaho.edu jim craig@uidaho.edu

Policy Sponsor: (If different than originator.) DOS, Counsel, Task Force, Senate Leadership

Telephone & Email: ___________________________

Reviewed by General Counsel X Yes ____ No Name & Date: Kent Nelson/Jim Craig on task force_

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.

See attached powerpoint and flowcharts.

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. Emergency Policy effective upon approved, October 2017

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.: ______
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