POLICY COVER SHEET

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

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

Chapter & Title: FSH 1640.08 – Admissions Committee

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): Ralph Neuhaus 12/11/18
(Please see FSH 1460 C)

Telephone & Email: rneuhaus@uidaho.edu

Policy Sponsor: (If different than originator.)

Telephone & Email: ________________________________

Reviewed by General Counsel ____ Yes ____ No Name & Date: _____________ n/a _________________

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.

The members of the Admissions Committee are asking that a professional adviser be added as a member of the committee. (We did this at our meeting on December 4, 2018.) Most of the students that we admit are at-risk. We feel that a professional adviser has dealt with at-risk students, and will have a greater understanding of the strength and weakness of the at-risk student. The committee made no decision about whether the professional adviser will have a vote or not.

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.

None.

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: ___________________________________________

Track # ____________ Date Rec.: ____________

Policy Coordinator Appr. & Date: ______________________
[Office Use Only]

FSH Appr. ________________
FC ________________
GFM ________________
Pres./Prov. ________________
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APM F&A Appr.: _________
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Register: ________________
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