### POLICY COVER SHEET

*(See Faculty Staff Handbook 1460 for instructions at UI policy website: [www.webs.uidaho.edu/uipolicy](http://www.webs.uidaho.edu/uipolicy)) [3/09]*

**Faculty/Staff Handbook [FSH]**

- □ Addition
- □ Revision*
- □ Deletion*
- □ Emergency

**Minor Amendment** □

**Chapter & Title:**

| FSH 1640.90 – General Education Assessment 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.”

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**Originator(s):**

(See FSH 1460 C)

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<tr>
<td><a href="mailto:panttaja@uidaho.edu">panttaja@uidaho.edu</a></td>
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**Telephone & Email:**

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**Policy Sponsor:** (If different than originator.)

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**Reviewed by General Counsel**

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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.

New Mandates from SBOE & NWCCU on system wide assessment dictate a committee composition that is more faculty centric, assessment knowledgeable, and representative of the SBOE GEM areas (which include the 5 Colleges engaged in general education). The committee composition should utilize institutionally recognized faculty, appointed as Statewide General Education representatives, who are familiar with General Education and its assessment to maximize the committee’s effectiveness. Student composition also requires revision as students seldom attend and lack the advanced understanding of assessment needed to be done. The curricular complexities of general education and the annual re-appointment of students complicates the forward momentum of the committee.

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:

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**Policy Coordinator**

Appr. & Date: [Office Use Only]

**FSH**

Appr. ________

FC ________

GFM ________

Pres./Prov. ________

[Office Use Only]

**APM**

F&A Appr.: ________

[Office Use Only]