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**The American University of Kurdistan**

**Policy Proposal Form**

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| --- | --- | --- |
| Check One: | * Proposal for new AUK policy (see A below) * Proposal to revise or decommission existing AUK policy (see B below) | |
| Full Name: |  |  |
| Responsible Unit: |  |  |
| Email: |  |  |
| Phone: |  |  |
| Date: |  |  |

1. **Proposal to create new AUK policy:**
2. **Purpose**

A concise summary (approximately 3-5 sentences) of the overall reason for the policy, including specific regulations, if appropriate.

1. **Who is affected by this Policy?**

To whom the policy applies and under what conditions: students, staff, faculty, and/or visitors.

1. **Legal Content or Regulatory Body**

Examples include but are not limited to Ministry of Higher Education and Scientific Research, Kurdistan and Iraq Laws, Accreditation Body, etc.

1. **Policy Statement**

The full text of the policy, including detailed information about the purpose of the policy and details about the policy components. When appropriate, include procedures or steps to accomplish the policy and instructions for reporting and resolving noncompliance with the policy.

1. **Responsibilities**

The AUK offices or individuals referenced in the policy and their roles and responsibilities specific to the policy.

1. **Definitions**

Key terms critical to the understanding and compliance of the policy.

1. **Issuing Unit and Contact**

The office or department that issued the policy and a staff member or position title responsible for the policy.

1. **Timeline and Communication/Implementation Plan**

Describe steps for communicating and implementing the policy, including responsible parties. Issuing Units review policies every three (3) years. If this policy should be reviewed or decommissioned before the three-year default date, specify the desired review date and reasons.

1. **Endorsement**

Names and signatures of Senior Manager of the Issuing Unit and University Cabinet representatives

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Proposal to revise or decommission current AUK policy:**

Policy Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Reason for Policy Revision or Decommission and Desired Result**

A concise summary of what the revision or decommission is meant to accomplish or fix and why.

1. **Proposed Revision**

Clear description of the proposed changes, including new language, tracked edits, etc.

1. **Timeline and Communication/Implementation Plan**

Describe steps for communicating and implementing the policy, including responsible parties.

1. **Endorsement**

Names and signatures of Senior Manager of the Issuing Unit and University Cabinet representatives

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_