



Drexel University

Intake Form for Proposed Official University Policies

Please complete this Intake Form to begin the Policy Compliance Process. This Intake Form affirms that the Proposed Policy (new policy or change to an existing policy) is ready for review via the [Policy Compliance Program](#). Please send this completed Intake Form to the Director of Policy Compliance, along with the Proposed Policy and the Policy Communication Plan.

GENERAL INFORMATION

Sponsoring Unit(s): _____

Policy Name: _____

Policy Number: _____

Affected Unit(s): _____

POLICY JUSTIFICATION

Why this policy is needed: _____

Laws, regulations, or standards addressed by this policy: _____

Policy Type (new or change to existing policy): _____

Policy Description (summary of new policy or changes to existing policy): _____

Review Requested (standard or expedited): _____

SPONSORING UNIT (SU) REPRESENTATIVE:

Name & Title (print): _____ **Email:** _____

Signature: _____ **Date:** _____

SU SENIOR MANAGEMENT APPROVAL:

Name & Title (print): _____ **Email:** _____

Signature: _____ **Date:** _____

Please send this completed form to the Director of Policy Compliance (DPC) at policy@drexel.edu.