Annual Policy Review and Checklist for Reviewing Policies

Policy Number	Policy Title	Last Review Date	Current Review Date	Legal Review Date, if applicable	Date Sent to Faculty Council, if a school-wide policy	Date Faculty Council Approved, if a school-wide policy	Explanation of action taken: i.e., No Change, Revisions, Deletio
Submit	this form along with the current policy to the	no doan's offi	so shiof of sta	off within 14	days of complet	rion All policie	os will be required to be
	this form along with the current policy to the ted with this attached completed form. It is				•	•	es will be required to be
Commi	ttee or Department Reviewing:						
Signatu	re:						
Title:							
Date:							
Dean's	Office Use:						
0	Policy has been reviewed within 12 month	s of the previ	ous review				
0	Actions noted						
0	Submitted within 14 days of current review						
	Date submitted						
0	Confirm Policy number						
0	Confirm Policy title						
0	Confirm policy review/approval dates			ī			
0	Post updated policy to SMHS policy databates o Date posted		te within six v	weeks			