Alexandria Technical College — Great Experiences. Great Results.

POLICY MODIFICATION REQUEST FORM

Policy Name: _____

Date Submitted: _____ **Date Change is to be Effective:** _____

Change Requested By: _____

1. **Explain why the new policy (or revision) is necessary:**

_____ **MnSCU** _____ **Legislation** _____ **ATC**

_____ **Other** _____

2. **Determine whether the policy will have a fiscal impact. Will new resources be required in order to implement the policy? Will there be any cost savings that result from the policy? (Attach page)**

3. **Affirm that there are no existing MnSCU policies that this proposal will overlap or contradict.**

4. **Attach the draft policy with procedures, if any, which will need to be followed in order to implement the policy.**

5. **Forward completed form with attachments to the Policy and Procedures Coordinator**

Action

_____ **Approved** _____ **Disapproved**

_____ _____

Leadership Council Representative **Date**

_____ **Approved** _____ **Disapproved**

_____ _____

President **Date**