

# UConn

## POLICY SUBMISSION SPONSOR FORM

The individual who presents a policy to the workgroup for review must be in attendance at the meeting. This person will be considered the policy sponsor. Under certain circumstances a policy may be approved electronically.

Policy Sponsor and Title: \_\_\_\_\_

### Key Stakeholders:

| Name | Title | Initials | Date |
|------|-------|----------|------|
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Type of Policy: Administrative \_\_\_\_\_ Academic \_\_\_\_\_ Clinical \_\_\_\_\_ Research \_\_\_\_\_

New Proposed Policy Name \_\_\_\_\_

Revision\* Name and number of policy \_\_\_\_\_

Deletion Name and number of policy \_\_\_\_\_

**\*NOTE: IF THIS IS A REVISION, A COPY OF THE OLD POLICY AS WELL AS A VERSION WITH TRACKED CHANGES MUST BE SUBMITTED WITH THIS FORM.**

What occurred to cause the need to either revise, delete, or initiate this policy?

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Was Storrs/UConn Health policies reviewed to determine if a similar policy already exists? Yes No

Was Proposed policy reviewed by applicable workgroup prior to submission? Yes No

Policy Sponsor Signature: \_\_\_\_\_

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

**Submit a copy of this form to the appropriate administrative staff listed below, along with a draft copy of the tracked changes version (if revised) of the policy, and a copy of the policy in the new format.**

**Administrative Policy Committee: Melanie Savino at [Melanie.savino@uconn.edu](mailto:Melanie.savino@uconn.edu)**

**Academic Policy Committee: Amanda Pitts at [Amanda.pitts@uconn.edu](mailto:Amanda.pitts@uconn.edu)**

**Clinical Policy Committee: Michelle Thomas at [Mthomas@uchc.edu](mailto:Mthomas@uchc.edu)**

**Research Policy Committee: Hillary Stevens at [Hstevens@uchc.edu](mailto:Hstevens@uchc.edu)**