



University Policy Impact Statement

Date _____ Check One: Revision of Existing Policy New Policy

Policy Number _____ Policy Name _____
(If known)

Originator(s) _____

University Affiliation _____ Email for primary contact _____

Justification for Proposed Changes or for New Policy (Attach additional sheet if necessary)

Consistency with EKU's Mission and Strategic Plan, Other Policies, and Related External Documents

Cite relevant official statements from EKU or external sources.

Impact on the University

(1) Identify resources (human, financial, physical, operational, technological, other) needed to implement and maintain compliance; (2) Identify changes to EKU's culture and/or behaviors that may be involved.

List stakeholders who have been or will be consulted. Indicate action taken and the date it was taken. Attach additional page if necessary. To begin the policy process, at least one university-recognized group must have indicated support.

Stakeholder

Action Taken

Date _____

Date _____

Date _____

Date _____

Date _____

Date _____

Additional Pages Attached # of additional pages

Print Form