INTENT TO REVIEW

To be completed by the responsible administrator or the delegated writing authority and submitted to Policy Review Committee (PRC) or Administrative Policy Review Committee (APRC) for feedback in advance of draft policy submission.

1 Please check all that apply.

☐ Create new policy ☐ Combine policies ☐ Review existing policy

☐ Change in responsibility ☐ Request to rescind

☐ Request changes driven by regulatory or legislative changes

2 For new policies

For new policies only, please explain what the need is for this policy and what the intended impact is.

3 Please complete below (for new policies, please leave "Policy Number," "Current Policy Effective Date," and "Current Policy Next Review Date" blank):

Policy Number:	Policy Name:

Approval Body:

Administrative Responsibility:

Executive Responsibility:

Current Policy Effective Date:

Current Policy Next Review Date:

Anticipated Completion Date:

Delegated Writing Authority (if different from administrator):

INTENT TO REVIEW

To be completed by the responsible administrator or the delegated writing authority and submitted to Policy Review Committee (PRC) or Administrative Policy Review Committee (APRC) for feedback in advance of draft policy submission.

4   Impacted Communities
Please select the community or communities that are primarily impacted by this policy. Check all that apply.

☐ Employees   ☐ Students   ☐ Public

5   Relevant Legislation or Regulation
Please provide a list of related legislation, regulation or external standards you anticipate referring to in the development or renewal of this policy.

6   Initial Consultations & Timeline
Please provide a list of key consultations you anticipate for the development or renewal of this policy (and associated procedures where applicable), as well as timelines for these consultations and the development and submission of a policy draft to PRC or APRC.