

**Prairie View A&M University**  
University Rule/Administrative Procedure/Guideline  
Deletion Request Form

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

Department Name: \_\_\_\_\_

Department Head: \_\_\_\_\_

Email of Department Head: \_\_\_\_\_

Phone No. of Department Head: \_\_\_\_\_

Rule       Administrative Procedure       Guideline

Title/Name and Number: \_\_\_\_\_

Describe the reason for the deletion request. Will this information remain in the department as a departmental/standard operating procedure? If so, please attach the departmental/standard operating procedure.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

**Requesting Department**

\_\_\_\_\_  
Contact Office Representative Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Office Representative Signature

\_\_\_\_\_  
Date

---

---

Approved

Not Approved

Justification for non-approval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Area Vice President Name (Print)

\_\_\_\_\_  
Area Vice President Signature

\_\_\_\_\_  
Date

**Prairie View A&M University**  
University Rule/Administrative Procedure/Guideline  
Deletion Request Form

---

---

**Office of University Compliance:**

Approved

Not Approved

Justification for non-approval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approving Staff Name (Print)

\_\_\_\_\_

Title

\_\_\_\_\_

Approving Staff Signature

\_\_\_\_\_

Date