

# Prairie View A&M University

## University Rule/Administrative Procedure/Guideline Development/Revision/Deletion Questionnaire

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

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

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

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

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

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

- ❖ If new, please attach draft.
- ❖ If revision, please attach recommended edits.
- ❖ If deletion, please attach recommended departmental procedure (if applicable).

Describe the reason for the action requested: Could this be better justified as a departmental procedure and remain in the department? What will replace this Rule or UAP?

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List any other Rules, UAPs, System Policies, System Regulations, departmental procedures or audit findings this would affect:

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If the Rule or UAP is a revision, please describe the significant changes (ex: dates, no revisions necessary):

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Identify "Subject Area Stakeholders," departments, or University processes that will be affected and who will be required to review the Rule or UAP. Additional comments or suggestions must be provided before final approval for development, revision, or deletion:

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State the target completion date and any factors that might affect completion:

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**All draft documents (Rules, UAPs, or departmental procedures) must be provided in Word format; and if a revision, it must include tracked changes. If you are requesting a Rule or UAP be deleted, you must attach a copy of the approved replacement departmental procedure with this document, if applicable.**

\_\_\_\_\_  
Department Head Name (Print)

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

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Approved

Not Approved

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

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

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

\_\_\_\_\_  
Date

**Prairie View A&M University**  
University Rule/Administrative Procedure/Guideline  
Development/Revision/Deletion Questionnaire

**For Official Office Use:**

Approved

Not Approved

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

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\_\_\_\_\_

\_\_\_\_\_  
Approving Official Name (Print)

\_\_\_\_\_  
Approving Official Signature

\_\_\_\_\_  
Date