PURPOSE
To outline specific directions on how to implement and comply with the Policy and Procedure Framework and all associated documents. For specific information on the steps for academic versus administrative policy development and approval, see the Academic Policies Procedure and the Administrative Policies Procedure. The information in this Manual does not supersede the detailed steps in the approved Procedures.

SECTION 1: ROLES AND RESPONSIBILITIES
The roles and responsibilities of those involved in the development and management of the various types of policy documents are mandated by the Post-Secondary Learning Act of Alberta.

President and CEO has approval authority for all policies (academic and administrative) recommended by Academic Council, Service Council, or Deans’ Council. Board of Governor Policies are not included in the Policies and Procedures Framework.

Academic Council has recommending authority for academic policies and may be consulted on cross-cutting policies.
Service Council has recommending authority for specific administrative policies, as indicated in each policy, and may be consulted on cross-cutting policies that are approved by Deans’ Council or Academic Council.

Deans’ Council has recommending authority for specific administrative policies, as indicated in each policy, and may be consulted on cross-cutting policies that are approved by Service Council or Academic Council.

Policy Administrator: an individual or body that takes the lead in the development and implementation of a specific policy or group of policies on behalf of the Policy Owner.

Responsibilities include:
1. Coordinating completion of, or reviewing received Policy Vetting forms.
2. Coordinating research and drafting during policy development or revision.
3. Ensuring appropriate stakeholder consultation.
4. Submitting the final draft of the policy to the appropriate recommending Council.
5. If the Council recommends revisions, ensuring those revisions are incorporated and brought back to Council if required.
6. Communicating the policy to those directly affected and organizing appropriate education and training.
7. Implementing, monitoring, and reviewing the policy.
8. Ensuring changes to Policies are reflected in linked Policies.

Policy Advocate: any individual who completes the Policy Vetting Form and requests that a policy be created, revised, or rescinded. This person may or may not be connected to the policy under consideration. The Policy Advocate may be asked to remain involved in the policy creation, revision, or rescission.

Policy Owner: the person or body who is ultimately responsible and accountable for the development, implementation, maintenance, review, and compliance with the policy. The Policy Owner assigns administrative responsibility for these matters to a Policy Administrator. Normally a Vice President or Academic Council is accountable for policy within the scope of their authority or portfolio. If a policy is within the scope of authority or the portfolio of more than one Vice-President/Council, multiple Policy Owners may be named. The President may be named as the Policy Owner for a cross-cutting policy that impacts more than one Vice-Presidential portfolio.

Procedure Administrator coordinates the administrative work related to procedure development, consultation, implementation, communication, monitoring, evaluation, and review.

Procedure Owner is the individual or body that approves procedures and any amendments to them. The Procedure Owner designates a Procedure Administrator to take the lead in the development and implementation of a specific procedure or group of procedures on their behalf.
Strategic Planning and Analysis (SPA) supports the policy development and management process. Responsibilities include:

1. Helping determine the need for an institution-wide policy.
2. Disseminating the Policy Vetting Form to the appropriate body or leading the vetting process.
3. Providing consultative services, support and guidance, tools, and resources throughout the development or revision cycle.
4. Working with the Policy Owners/Administrators to ensure compliance with the review schedule.
5. Communicating to the College community on a broad level about new, revised, and rescinded policies.
6. Maintaining the central repository of policies and related procedures as well a repository of common institutional definitions.
7. Formatting and posting to the College’s Policy and Procedure webpage.
8. Providing an overview of the policy development process to the College community.

SECTION 2: POLICY TYPES

For internal approval purposes within the current governance structure, policies are either categorized as academic, administrative, or academic-administrative. In order to make policies more accessible to the College community and the public on the Policy and Procedure webpage, policies and their associated documents will be classified according to the following functional types:

1. Academic (Academic Council Policies)
2. Administrative (General)
3. Finance
4. Health, Safety, and Wellness
5. Human Resources
6. Information Management and Technology
7. Research
8. Student

The following are the categories of policy for approval.

Academic Policies
Academic Council recommends policy relating to academic governance, pursuant to Section 47 of the Post-Secondary Learning Act of Alberta and in accordance with the powers outlined in RDC’s Academic Council Constitution.
Administrative Policies

Academic-Administrative Policies
Deans’ Council recommends policy relating to academic administration, applied research, apprenticeship, non-credit programming, and non-academic student and non-academic Registrarial policies.

Cross-Cutting Policies
Certain policies, due to their sensitive or cross-cutting nature, require one Council to recommend the policy to another Council before it is recommended to the President for approval. Examples may include but are not limited to: conflict of interest, employee code of conduct, and health and safety. A cross-cutting policy is not a separate category; it will be categorized according to its predominate subject matter.

Board Policies
Board Policies, owned by the Board of Governors, are not included in the Policy and Procedure Framework.

Table 1: Administrative and Academic-Administrative or Cross-Cutting Policies

<table>
<thead>
<tr>
<th>POLICY OWNER</th>
<th>Executive Director, Board and Executive Relations</th>
<th>VP College Services</th>
<th>VP Academic</th>
<th>VP Corporate</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECOMMENDING AUTHORITY</td>
<td>DC (Honorary Degrees) SC (Protocol – Communication with Government, Visiting Dignitaries)</td>
<td>SC</td>
<td>DC</td>
<td>SC or DC/SC</td>
</tr>
<tr>
<td>APPROVAL</td>
<td>President</td>
<td>President</td>
<td>President</td>
<td>President</td>
</tr>
</tbody>
</table>
Please note, the Research Ethics (Human Participants) Policy is approved by the President and is owned by the Research Ethics Board. All academic policies are approved by the President on recommendation from Academic Council.

SECTION 3: POLICY DEVELOPMENT (Academic and Administrative)

Each of the following steps of Policy Development are described below:

- Step 1: Planning
- Step 2: Policy Development
- Step 3: Approval
- Step 4: Communication and Implementation

For specific information on the steps for academic versus administrative policies, see the Procedures for Academic Policies and the Procedures for Administrative Policies. The information in this Manual does not supersede the detailed steps in the approved Procedures.

Step 1: Planning

1. Policy Needs Assessment

Individuals, bodies, or groups may identify an issue they think would best be addressed by developing a new policy or by revising or rescinding an existing policy. A proposal will be brought to the attention of the appropriate Policy Administrator, Policy Owner, or Policy Specialist.

The policy action criteria, provided below, together with the online Policy Vetting Form, are designed to help determine the necessity of a new policy.

Policy Action Criteria

Considering Alternatives to Policy: Whether intended or not, the multiplication of policies supports an organizational culture of constraint, regulation, and rigidity. It is worth considering alternative methods for achieving a desired goal or outcome rather than defaulting to policy creation. A clear understanding of the outcomes sought and the nature, magnitude, and source of the issue to be addressed is central to being able to assess the effectiveness of different options. The instrument or approach chosen should be ‘effective’ in terms of addressing the identified problem and ‘efficient’ in terms of minimizing costs. More flexible, less prescriptive alternatives for achieving an outcome or addressing an issue are always worth considering due to their potential to combine efficacy and efficiency more readily than policy.

1. Communication and Education: In many cases voluntary compliance can be achieved through good communication and/or education. RDC’s Marketing and Communications department offers 20 different internal communication tactics that can be used to convey
any type of message. Marketing Strategists are assigned to work with each RDC department precisely for the purpose of helping to determine the best communication vehicle for meeting the business need and reaching the target audience in question. As an educational institution, RDC has countless resources at its disposable for educating the College community on desired outcomes or approaches to different issues.

2. **Management Solutions:** It is tempting to create an institution-wide policy because a handful of individuals engage in relatively isolated incidents of behaviour that is considered risky for the institution. Such issues can often be dealt with more effectively and efficiently by discussing the issue directly with the individuals concerned. In other words, these are management issues to be dealt with by supervisors, not policy issues that require the implementation of institution-wide governance documents. One of the roles of Human Resources at RDC is to assist managers in facilitating these types of discussions.

3. **Comparative Research of Approaches at Other Canadian Institutions:** Sometimes a good test of whether a policy may be needed or not is to consider the methods comparable Canadian institutions use to achieve similar goals. If a number of them resort to policy to address the same issue, then perhaps RDC should consider following suit. The opposite is equally true. Finding one or two examples of policies addressing a similar issue at institutions that are remote from RDC both geographically and in their mission and mandate is not convincing evidence that the institution should develop a policy. Policy development must be based on explicit evidence that a policy is justified given the nature of the problem, the likely benefits and costs of action, and alternative mechanisms for addressing the problem.

4. **Discussions with the Policy Specialist:** The Policy Specialist in SPA is responsible to assist all RDC departments in determining whether a governance document is necessary and, if so, what kind of document might be most appropriate: policy, procedures, manuals, or a unit-level document if the issue does not apply to the institution as a whole. The Policy Specialist can help identify approaches likely to deliver the greatest net benefit to the College community, including complementary approaches such as a combination of Policy, education, and voluntary standards.

5. **Understanding the Purpose of Different Policy Documents:** A clearer understanding of the purpose of institutional policies (and other documents) may help to see that they are not the answer in every case and really only maintain their effectiveness when used for their intended purpose. This Manual outlines the different types of policy documents and their intended purposes.

2. **Decision that Policy Action is Necessary**

After reading these criteria, should it be determined that some policy action is required (development, revision, or rescission) the next step is to complete a Policy Vetting Form.
The completed form is submitted to the Policy Specialist in SPA. In the case of Academic Policies, once satisfied that the form has been completed with due diligence, the Policy Specialist will forward it for decision to Academic Policy Committee. For all other policies, the Policy Specialist will be responsible for rendering a decision based on the information on the form and consultation with relevant stakeholders and Policy Owners/Administrators.

The Policy Vetting Form must also be completed when a policy comes due for review as part of its regular review cycle in order to ensure that all implications of policy revision, or rescission, are fully considered before proceeding with the proposed action.

If Academic Policy Committee and/or the Policy Specialist judges that the proposed policy action does not align with the purpose and criteria for an institution-wide policy, the policy Advocate/Administrator/Owner will be informed and the decision and rationale will be logged for future reference with a recommendation for how the issue can be addressed without a policy.

If it is determined a need exists to develop, revise, or rescind a policy, the process proceeds to developing a plan for development, revision, or rescission.

3. Plan Development

The Policy Administrator will develop a plan, with timelines, that typically includes the following: research, analysis, drafting, consultation, editing, finalization, recommendation, approval, communication and education, implementation, monitoring, evaluation, and review. Completion of the Policy Vetting Form will have already initiated some of the thinking around planning, including identifying key stakeholders for consultation. The Policy Administrator may determine that a policy developer or team would be beneficial to the development process.

Step 2: Policy Development

Policy Development will include the following:

1. Research: Collecting and analyzing pertinent legislation, policy, best practices, and other information;

2. Incorporate Expertise: Discussing possible content with any internal or external individuals or groups who may have specialized information or a particular stake in the policy and associated procedures. Some of these individuals may already be part of the development team.

3. Draft: Drafting the policy and associated procedures or manual, if applicable, according to the criteria and prescribed format set out in this Manual (see templates and tips below).
4. Consult: Sharing the initial draft policy with institution stakeholders for review and feedback, as part of a broad consultation process. The draft may be made available to the entire College community for feedback, if appropriate. As identified in the Policy Vetting Form, targeted stakeholders may include, but are not limited to:

<table>
<thead>
<tr>
<th>Academic Council</th>
<th>Information Technology Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Policy Committee</td>
<td>Institutional Research</td>
</tr>
<tr>
<td>Ancillary and Sports Services</td>
<td>Library Information Common</td>
</tr>
<tr>
<td>AUPE Executive</td>
<td>Marketing and Communications</td>
</tr>
<tr>
<td>Campus Management</td>
<td>Office of the Registrar</td>
</tr>
<tr>
<td>Centre for Teaching and Learning</td>
<td>President's Executive Committee</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Relevant Committees</td>
</tr>
<tr>
<td>Counselling and Career Centre</td>
<td>Research Ethics Board</td>
</tr>
<tr>
<td>CUPE Executive</td>
<td>Risk Services</td>
</tr>
<tr>
<td>Deans’ Council</td>
<td>School Councils</td>
</tr>
<tr>
<td>Faculty</td>
<td>Security and Emergency Response</td>
</tr>
<tr>
<td>FARDC Executive</td>
<td>Service Council</td>
</tr>
<tr>
<td>Finance</td>
<td>Student Affairs</td>
</tr>
<tr>
<td>Health, Safety, and Wellness</td>
<td>Students’ Association</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Other stakeholders</td>
</tr>
</tbody>
</table>

5. Edit/Revise: Reviewing and incorporating feedback as appropriate; not all feedback will be incorporated and research into the policy topic may determine the incorporation of feedback. Risk Services can help determine if a legal review is required and arrange to send the policy and/or procedure(s) to legal counsel.

6. Develop a Communication and Implementation Strategy: Developing, in consultation with Marketing and Communications, a strategy to roll out the new policy which may include presentations to key stakeholders, emails/e-connected messages, communiqués, etc. An implementation strategy may include training, creating new processes, establishing system changes, creating supporting documentation, etc.

7. Finalize the draft policy and procedures, if applicable, then forward to the appropriate governance body for recommendation for approval by the President.

Policies may have associated procedures. Procedure development includes:

1. Whenever possible, procedures for new policies are developed at the same time as the policy.

2. When a policy and its associated procedures are forwarded for consideration to Academic Council, Deans’ Council, or Service Council, the Councils will focus on policy issues rather than procedural matters. The procedures are included primarily to provide added context for policy approval.
3. The Procedure Owner approves the procedures accompanying each policy in order to provide assurance that the procedures are appropriate, complete, and have been reviewed by the necessary parties. Their approval will be indicated on the Policy Consultation Cover Sheet, when procedures accompany a new policy. The Procedure Owner will also send a message to Policy@rdc.ab.ca to inform SPA of approval of the procedures, along with an electronic Word version of the procedures.

4. Subsequent amendments to existing procedures that do not impact the policy and its underlying principles may be made at the discretion of the Procedure Owner. The relevant Council(s) will be informed of these amendments through an agenda information item. The Procedure Owner will inform SPA of these changes by means of an e-mail accompanied by an electronic Word version of the approved procedures.

Additional procedures may be developed in relation to an existing policy. When procedures are developed after the policy has been approved, or when they are revised/amended after initial approval, the Procedure Owner will assign an individual or team to:

1. Draft/revise procedures;
2. Conduct consultations as appropriate and revise the draft as necessary during the consultation process; and
3. Submit the final draft of the procedures to the Procedure Owner for approval, who will then inform the relevant Councils by means of an agenda information item. The Procedure Owner will forward an electronic Word version of the final approved procedures to SPA.

Associated Documents
In addition to procedures, policies may have associated documents that support the implementation of the policy. These may include forms, templates, and manuals (the latter may include appendices, etc.). The Policy Owner and Administrator are responsible for ensuring these are developed, associated, and revised, and submitted to SPA for posting. SPA must obtain an e-mail (via Policy@rdc.ab.ca) from the person with approval authority prior to posting the document on the Policy and Procedures webpage or on theLoop.

Step 3: Policy Approval
In the approval stage, the policy is presented to the appropriate Council for recommendation for approval by the President, acting on authority delegated by the Board of Governors.

1. The Policy Administrator and/or Policy Owner will present the policy and associated Procedure(s) (where applicable) to Academic Council, Deans’ Council or Service Council, will consider input from the Council, and modify as required. Where changes are required, the Council will determine if they are significant enough to warrant a second review by the Council.
2. Once Academic Council, Deans’ Council or Service Council is satisfied with the policy, it will recommend it for approval by the President by forwarding it along with the Policy Approval Request Form.

3. For approval purposes, policies normally fall into one of three categories: academic (recommended by Academic Council), administrative (recommended by Service Council) or academic-administrative (recommended by Dean’s Council). One of these three categories will appear on the policy and its associated procedures.

Posting and Maintaining Records

Once final approval is obtained from the President, the approved policy will be forwarded to SPA via Policy@rdc.ab.ca. Approved procedures will be forwarded to SPA by the Policy Owner, thus indicating their approval of the attached document. Final copies of policies and procedures (where applicable) will be retained by SPA along with the Policy Approval Request Form. SPA will post the approved documents on the Policy and Procedure page of the College website, including an HTML version of the policy and a linked PDF version of the procedure, where applicable. If the Policy Owner, Policy Administrator, Procedure Owner, or Procedure Administrator, wishes to delay posting for whatever reason, they should inform SPA in advance.

Step 4 – Policy Communication and Implementation

The Policy Owner and Policy Administrator will implement the communications and implementation plan to ensure students, faculty, staff and administrators impacted by the policy understand the content and implications.

Communication

Communication is a critical element throughout the process. Following a comprehensive communication plan, developed with the assistance of the Policy Specialist and Marketing and Communications, will significantly increase the success of the Policy implementation.

1. SPA will publish, through the institution’s electronic messaging system, a general communiqué to all employees regarding recently approved, revised, or rescinded Policies and Procedures.
2. Specific communication to direct stakeholders regarding policy implementation is the responsibility of the Policy Administrator in the case of Policy and the Procedure Administrator in the case of procedure.

Implementation

It is the responsibility of the Policy Owner/Administrator to implement the policy, particularly with those directly impacted by its content. Implementation may include training, creating new processes, establishing system changes, creating supporting documentation, etc.
SECTION 4: POLICY REVIEW AND RESCISSION

Following approval, policies are reviewed on a cyclical basis or as needed.

Step 5 – Policy Review

1. The Policy Owner and Administrator are responsible for reviewing new policy formatively and as part of regular review cycle or upon request.
2. Once a policy is open for review, it follows similar steps to policy development (planning, research, consultations). The review may result in a revised policy, a rescinded policy, or no change.
3. Policy: revised and recommended for approval to the appropriate Council.
4. Procedures: revised as needed, approved by the Procedure Owner, and sent as informational updates to Policy Owner.

Policy Rescission

The review and rescission of outdated policies run parallel to the process of developing new policies.

1. This could be a simultaneous process to policy development to ensure there is no duplication or contradiction of approved policy.
2. In other cases, a review will identify that there is no longer a need for a policy since the topic is no longer an issue or can be accommodated in some other manner.
3. The process of rescission requires the same due diligence as policy development. Impact on stakeholder groups must be considered and communicated. Additions to other policies or procedure amendments/adjustments must be developed prior to rescission.
4. Recommendations to rescind must go through the same proposal (with Policy Vetting Form) and approval process as new or revised policies.

SECTION 5: POLICY AND PROCEDURES COMPLETION TIPS

Institution-wide policies and procedures must use the appropriate template. The templates include explanations for each section. Please contact the Policy Specialist for clarification if needed. When completing the templates, consider the following:

1. Avoid long preambles which may undermine the content or confuse the reader
2. Be specific and concise
3. Use the active voice and present tense
4. Use familiar, strong, short words
5. Use short, simple sentences in short paragraphs
6. Avoid conveying a point of view
7. Avoid redundancies and jargon
8. Make positive, rather than negative, statements
9. Use statements in present tense or “will” or “shall” to convey a necessity to comply
10. “Should” indicates discretion to adopt a different approach if permitted
11. “May” confers the ability to exercise full discretion
SECTION 6: ACADEMIC PROCEDURE GRAPHICS

The following flowcharts detail high-level steps involved in academic policy development, revision, and rescission. For detailed steps, see the Academic Policies Procedure. Academic Policy Committee is referred to as APC. Academic Council is referred to as AC.

Graphic A: Academic Policy Development

1. Read the Policy Framework and all associated documents. Consider alternatives to a new policy and consult with the Policy Specialist and Academic Policy Committee.

2. Request for a new academic policy is forwarded to Academic Policy Committee.

3. APC approves or denies request for new policy: if Yes, Proceed; if No, Stop. (Decision is logged with APC and SPA for future reference)

4. APC forms subcommittee.

5. APC subcommittee drafts new policy based on research into policy topic and consultation with stakeholders.

6. New policy is reviewed by APC.

7. New policy is sent out for consultation.

8. Feedback is incorporated as appropriate.

9. APC recommends approval of new policy to Academic Council (AC).

10. AC requests changes and/or recommends new policy for approval to the President’s Office.

11. President approves the new policy.

12. APC undertakes communication and educational plan for the new policy.

13. APC Reviews new policy formatively, as part of regular review cycle, and/or as requested.

14. New policy is reviewed by APC (and revised as needed).
Graphic B: Academic Policy Review Flow (Regular/Cyclical and Early)

APC initiates regular cycle of policy review or opens a policy early upon request

For regular review, APC communicates the list of upcoming academic policies and seeks initial feedback. For early review, APC sends out the policy for ad hoc feedback

APC subcommittee is formed to research the policy topic and examine feedback received on current policy

APC subcommittee forms recommendations on revision or rescission of current policy using Policy Vetting Form

Draft of revised policy is approved for consultation by APC and sent out with feedback form

If revision, APC subcommittee makes revisions and presents to APC

If rescission: APC recommends to AC (see Rescission flowchart)

If no changes are required (based on feedback and research), APC recommends renewal of policy for 5 Years to AC

APC subcommittee receives feedback on draft and incorporates as appropriate into final version

APC recommends revised version to AC

AC approves revised version (and/or requests changes) and recommends to the President for final approval

President approves policy
Graphic C: Academic Policy Rescission Flow

APC, AC, or the Policy Specialist in SPA receives a Proposal to Rescind an Academic Policy (or, during regular review, rescission is recommended)

APC reviews rescission proposal and decides: if Yes, Proceed ☑️; if No, Stop ☑️ (if Denied, Logged for future reference with decision rationale for why policy is needed)

Proposal to Rescind an Academic Policy is communicated to the institution and feedback sought

Consultation on Proposal to Rescind is incorporated

If rescission is determined: APC recommends to AC

AC Recommends that the policy be Rescinded and forwards to the President’s Office for final approval

President rescinds policy

APC communicates policy rescission to College Community

Rescinded policy is maintained on website, un-hyperlinked, with notation of rescission for period of 6 months
SECTION 7: ADMINISTRATIVE PROCEDURAL GRAPHICS

The following flowcharts detail the high-level steps involved in administrative policy development, revision, and rescission. For detailed steps, see the Administrative Policies Procedure.

Graphic D: New Administrative Policy Flow

1. **Read the Policy Framework and all associated documents. Consider alternatives to a new policy and consult with the Policy Specialist.**
2. **New policy is initiated through Policy Vetting Form received by SPA Policy Specialist.**
3. **Policy Specialist determines category of new policy. If Academic, forwards to APC.**
   - **Policy Specialist in consultation/collaboration with relevant stakeholders approves or denies request for new policy:** If Yes, Proceed; if No, Stop.
   - *(If Denied, Logged for future reference with decision rationale)*
4. **If yes, proposed policy Administrator and Policy Specialist lead development team.**
5. **Policy is forwarded to appropriate body for recommendation (Deans' Council or Service Council).**
6. **Feedback is incorporated as appropriate.**
7. **New Policy is sent out for consultation with policy feedback Form.**
8. **New policy is reviewed by Policy Administrator and Policy Owner.**
9. **Development Team drafts new policy based on research and consultation.**
10. **Deans' Service Council requests changes and/or recommends new policy for approval by the President.**
11. **Policy Administrator and Policy Owner undertake communication and education plan for the new policy.**
12. **Policy Administrator and Policy Owner review policy impact using Feedback Survey Tool.**
13. **Policy is placed into the regular review cycle (5 year maximum).**
Graphic E: Administrative Policy Revision Flow (Regular and Early)

Policy Administrators initiate review of policies due for review or opens policy for early review as needed

Policies due for review of examined in light of policy action criteria (Procedure Manual)

Policy Administrator completes Policy Vetting Form, providing rationale for minimal or major revisions or rescission

Developer conducts research and environmental scan and consults stakeholders

If rescission: Policy Administrator recommends to Deans’/Service Council (see rescission flowchart)

If revision, Policy Administrator/Developer drafts revised policy

Draft of revised policy is sent out for consultation with Policy Feedback Form

Administrator/Developer receives feedback on draft and incorporates into final version

Policy Administrator/Owner presents revised version to Deans’ Council or Service Council

DC/SC recommends revised policy for approval by President

President approves revised policy

Policy Administrator presents revised policy to Deans’ Council or Service Council

Deans’ Council or Service Council recommends revised policy for approval by President

President approves revised policy
Graphic F: Administrative Policy Rescission Flow

1. The Policy Specialist in SPA receives a proposal to rescind a policy through the Policy Vetting Form.
2. The Policy Specialist reviews the rescission proposal and decides:
   - If Yes, Proceed ☑;
   - If No, Stop ☒ (if denied, logged for future reference with decision rationale for why policy is still needed).
3. If proposal to rescind is accepted, the Policy Administrator seeks feedback from relevant stakeholders as identified on Policy Vetting Form.
4. Feedback on proposal to rescind is reviewed and decision made to proceed or not.
5. If rescission is determined appropriate, the Policy Administrator/Policy Owner takes the matter forward to Deans’s Council or Service Council for recommendation.
6. DC/SC recommends that the President approve policy rescission.
7. President rescinds the policy.
8. Policy Administrator communicates policy rescission to College community.
9. Rescinded policy is maintained on website for 6 months, unhyperlinked, with notation of rescission.