

(Questions about filling out this form can be addressed to the Policy Website Coordinator.)

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|----------------------------------|---|
| THE UNIVERSITY OF ARIZONA | President's Designee: _____ |
| Policy Impact Statement | Cabinet Review Date: _____ |
| | Policy Sponsor: _____ |
| | Policy Sponsor phone/email: _____ / _____ |

Policy Statement (What are we trying to do?)

Policy Reason (Why are we trying to do it?)

What will be the major impact of the policy?

Will there be a financial cost to implement? Describe.

Will the policy affect any the following:

| | | | |
|------------------------|--|--|--|
| Existing UA policy | Yes <input type="checkbox"/> No <input type="checkbox"/> | Compliance with federal regulations/laws | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Existing UA procedures | Yes <input type="checkbox"/> No <input type="checkbox"/> | Compliance with state regulations/laws | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Existing ABOR policy | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| General public | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Describe the impact on any items that are checked yes.

What issues of concern expressed by stakeholders are not reflected in this policy?