

**POLICY APPROVAL FORM**

**Policy Name:**

**Responsible Executive:**

**General Information:**

**Consultation with appropriate University employees and groups:**

**Reviewed By – Signatures required before SLC review and consideration:**

**Faculty Committee Chairperson**

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Signature Date

**Staff Committee Chairperson**

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Signature Date

**General Counsel**

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Signature Date

**Responsible Executive**

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Signature Date

**Policy Approved and Passed:**

Xavier President

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Colleen M. Hanycz, Ph.D. Date:

Signature