



Request to Rescind a Policy

Reason: This completed form summarizes and justifies rescission of a UCCS policy.

All rescinded policies require justification by the Office of Primary Responsibility (OPR) and responsible Vice Chancellor.

Submit this request to rescind a policy to the Office of Policy Management, located in the Office of the Vice Chancellor for Administration and Finance, for consideration.

.....
Policy Number _____

Policy Name _____

Submitted by: _____
Office of Primary Responsibility (OPR) policy reviewer Title Ext

Responsible Vice Chancellor: _____ Division: _____ Department: _____

❖ Please indicate why this policy should be rescinded. Cite which UCCS policy, APS, Regent Law or other guidance covers the requirements of this policy supporting rescission of the policy. A supporting attachment, such as email correspondence, may be included with or in lieu of justification below.

Endorsed by:

OPR Signature

Date

Responsible Vice Chancellor Signature

Date

Legal Review / Signature

Date

VCAF Signature

Date



University of Colorado
Colorado Springs

Approved by the Chancellor:

Chancellor Signature

Date

Return completed form to the VCAF Policy Office.