### UAPPOL Rescission Form

This form is required for all UAPPOL document rescission(s).

**DOCUMENT INFORMATION** To be completed *BEFORE* APPROVAL

|  |  |  |
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| **Document Type:** | **Policy  Procedure  Appendix  InfoDoc** | **Click** on the check box that applies/ |
| **Title of Policy or Procedure:** |  | **Enter** title as it will appear in the UAPPOL index (80 character maximum). |
| **Subject Area:** | Choose an item. | Using the **drop-down menu,** choose the subject area that applies. |
| **Parent Document:** |  | **Enter** for Procedure and Appendix otherwise N/A. |

**RESCISSION INFORMATION**

**(complete this section for rescission of all relevant documents)**

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| **Lead** | Name: | Policy Development Lead **sign and date** to acknowledge accountability for development, vetting and approval of final version of this document. |
| Date: |
| ► |
| **Policy Standards Office Sign-Off for Compliance** | Name: | PSO Manager **sign and date** to confirm compliance with UAPPOL Document Development Policy. |
| Date: |
| ► |
| **Office of Accountability** | Office of Accountability | **Complete for policy and procedure.** |
| Name: | Most senior officer or designate **sign and date** to acknowledge accountability for policy or changes to procedures under a policy |
| Date: |
| ► |
| **Office of Administrative Responsibility** | Office of Administrative Responsibility | **Complete for all documents.** |
| Name: | Most senior officer or designate **sign and date** to acknowledge administrative responsibility. |
| Date: |
| ► |

**REASON(S) FOR RESCISSION**

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**RESCISSION APPROVAL** (Attach relevant memos, documents and/or committee minutes)

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| **Approver of Rescission:** | e.g. Board of Governors (Board Educational Affairs Committee) | Full name of committee (bracket subcommittee if applicable) **or** approver’s name and position. Approver must be the same as shown on the policy or procedure. |
| **Rescission Approval Date:** | YYYY-MM-DD | Date of meeting **or** approver’s consent |
| **Effective Date:** |  | Complete ONLY if document takes effect retroactively **or** at a future date, otherwise N/A |
| **Signature (if no minutes attached):** | ► | If approved by committee, chair or designate signs **or** attach an excerpt of minutes. |

**DOCUMENT RESCISSION** To be completed by content manager

|  |  |  |
| --- | --- | --- |
| Content Manager: |  | Date Rescinded: |