**University Policy Repeal Impact and Tracking Statement**

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| --- |
| **Title of Policy to Be Repealed:**  |
| **Policy Repeal Sponsor:** |
| **Senior Leadership Review Dates:**       |
| **Publication Dates:** ***Lo Que Pasa* -** ***UAnnounce* -** **Other -**  |

**Current policy description:**

**Reason for repeal:**

**Major impacts to University and potential stakeholders:**

**Anticipated concerns or objections:**

**Estimate and description of financial cost to implement, if any:**

**Will the repeal affect any of the following?**

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| Existing UA Policy [ ]  Yes [ ]  No(Other than this policy) | Compliance with federal law/regulations  | [ ]  Yes [ ]  No |
| Existing UA Procedure [ ]  Yes [ ]  No | Compliance with state law/regulations | [ ]  Yes [ ]  No |
| Existing Board Policy [ ]  Yes [ ]  No | General Public | [ ]  Yes [ ]  No |

**Describe any item checked “yes”:**