**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| **Title of Policy to Be Repealed:** |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”:**