Purpose and Summary

This document establishes the Secure Application Development and Administration Policy for the University of Arizona. This policy ensures software development is based on industry best practices, meets the University’s regulatory requirements, and incorporates information security throughout the software development life cycle.

Scope

This policy applies to all Information Systems and Information Resources owned or operated by or on behalf of the University. All University-Related Persons with access to University Information or computers and systems operated or maintained on behalf of the University are responsible for adhering to this policy.

Definitions

CISO: The senior-level University employee with the title of Chief Information Security Officer.

Information Owner: The individual(s) or Unit with operational authority for specified University
Information and responsibility for establishing the controls for its generation, collection, processing, dissemination, and disposal. This individual or Unit is responsible for making risk tolerance decisions related to such Information on behalf of the University and is organizationally responsible for any loss associated with a realized information security risk scenario.

**Information Resource Owner:** Collective term used to refer to Information Owners and Information System Owners.

**Information Resources:** University Information and related resources, such as equipment, devices, software, and other information technology.

**Information System:** A major application or general support system for storing, processing, or transmitting University Information. An Information System may contain multiple subsystems. Subsystems typically fall under the same management authority as the parent Information System. Additionally, an Information System and its constituent subsystems generally have the same function or mission objective, essentially the same operating characteristics, the same security needs, and reside in the same general operating environment.

**Information System Owner:** The individual(s) or Unit responsible for the overall procurement, development, integration, modification, and operation and maintenance of an Information System. This individual or Unit is responsible for making risk tolerance decisions related to such Information Systems on behalf of the University and is organizationally responsible for the loss, limited by the bounds of the Information System, associated with a realized information security risk scenario.

**ISO:** The University's Information Security Office, responsible for coordinating the development and dissemination of information security policies, standards, and guidelines for the University.

**Unit:** A college, department, school, program, research center, business service center, or other operating Unit of the University.

**University Information:** Any communication or representation of knowledge, such as facts, data, or opinions, recorded in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual, owned or controlled by or on behalf of the University.

**University-Related Persons:** University students and applicants for admission, University employees and applicants for employment, Designated Campus Colleagues (DCCs), alumni, retirees, temporary employees of agencies who are assigned to work for the University, and third-party contractors engaged by the University and their agents and employees.

**Policy**

**A. All Classifications of University Information**

1. ISO must produce and maintain a listing of the minimum standards that must be applied to the development, administration, and maintenance of applications that participate in the storage, processing, or transmission of University Information and those applications where exploitation of vulnerabilities of the application may lead to unauthorized access to University Information.

2. Information Resource Owners responsible for the development, administration, and maintenance of applications that participate in the storage, processing, or transmission of University Information must ensure the implementation of processes and procedures that provide assurance of compliance with the minimum standards produced by ISO.
Compliance and Responsibilities

Compliance

Tracking, Measuring, and Reporting

ISO must initiate mechanisms for tracking compliance with this policy and must produce reports representing these measures to support University decision making.

Recourse for Noncompliance

ISO is authorized to limit network access for individuals or Units not in compliance with all information security policies and related procedures. In cases where University resources are actively threatened, the CISO should act in the best interest of the University by securing the resources in a manner consistent with the Information Security Incident Response Plan. In an urgent situation requiring immediate action, the CISO is authorized to disconnect affected individuals or Units from the network. In cases of noncompliance with this policy, the University may apply appropriate employee sanctions or administrative actions, in accordance with relevant administrative, academic, and employment policies.

Exceptions

Requests for exceptions to any information security policies may be granted for Information Systems with compensating controls in place to mitigate risk. Any requests must be submitted to the CISO for review and approval pursuant to the exception procedures published by the CISO.

Frequency of Policy Review

The CISO must review information security policies and procedures annually, at minimum. This policy is subject to revision based upon findings of these reviews.

Responsibilities

University-Related Persons

All University-Related Persons are responsible for complying with this policy and, where appropriate, supporting and participating in processes related to compliance with this policy.

Information Owners and Information System Owners

Information Owners and Information System Owners are responsible for implementing processes and procedures designed to provide assurance of compliance with the minimum standards, as defined by ISO, and for enabling and participating in validation efforts, as appropriate.

Chief Information Security Officer

ISO must, at the direction of the CISO:

- identify solutions that enable consistency in compliance and aggregate and report on available compliance metrics;
- develop, establish, maintain, and enforce information security policy and relevant standards and processes;
• provide oversight of information security governance processes;
• educate the University community about individual and organizational information security responsibilities;
• measure and report on the effectiveness of University information security efforts; and
• delegate individual responsibilities and authorities specified in this policy or associated standards and procedures, as necessary.

**Vice Presidents, Deans, Directors, Department Heads, and Heads of Centers**

All Vice Presidents, Deans, Directors, Department Heads, and Heads of Centers must take appropriate actions to comply with information technology and security policies. These individuals have ultimate responsibility for University resources, for the support and implementation of this policy within their respective Units, and, when requested, for reporting on policy compliance to ISO. While specific responsibilities and authorities noted herein may be delegated, this overall responsibility may not be delegated.

**Related Information***

- [ISO Website](https://security.arizona.edu/content/policy-and-guidance) [1]
- [Information Classification and Determination Policy](https://policy.arizona.edu/information-technology/information-classification-and-determination-policy) [2]
- [Data Classification and Handling Standard (IS-S302)](https://security.arizona.edu/content/data-classification-and-handling-standard) [3]
- Minimum Standards for Development and Administration of Applications (to come)

**Revision History***

Nonsubstantive revisions January 24, 2020

Replaces Interim policy of 3/19/19