

REVIEW FORM

College of DuPage Request for Shared Governance Council Review

Title: _____ Date: _____

Requested by: (person or group)

Contact Information:

_____ Name: _____

Phone: _____ - _____ - _____

Email: _____

Issue statement: Write a brief, factual statement identifying the issue/problem/concern.

Rationale: Explain the reason for addressing this issue at this time.

Anticipated outcomes or benefits: Describe the overall outcomes or benefits expected.

Primary stakeholders: Identify the organizational areas (institutional departments, programs, divisions or units) that will most need to be involved in the resolution of this issue.

Secondary stakeholders: Identify other organizational areas that are impacted by this issue.

Issue has substantial impact in these areas: (check any that apply)

- Cross-function/institutional implications
- Policy/procedure implications (Please include number, if known. _____)
- Funding implications
- Student impact
- Employee impact
- Community impact
- Other (please specify _____)

Shared Governance Council Use Only

Date Received: _____

Disposition by Council:

Referred back to submitter. **Rationale:**

_____ Referred to _____ Steering Committee

_____ Referred to _____