VILLANOVA	Title:	
	University Division/Department:	
Policy Number:	Effective Date :	Page: 1 of 2

TABLE OF CONTENTS (optional, but recommended for policies exceeding 4 pages) I. II. III. IV. V. VI. VII. VIII. IX. I. **PURPOSE** II. **SCOPE** III. **DEFINITIONS** IV. POLICY STATEMENT V. **PROCEDURE** (if applicable) VI. RELATED INFORMATION/FORMS

VIII. RESPONSIBLE UNIVERSITY DIVISION/ DEPARTMENT

HISTORY

VII.

VILLANOVA UNIVERSITY	Title:	
	University Division/Department:	
Policy Number:	Effective Date :	Page: 2 of 2

Responsible Officer (title only) Responsible Office name Address, City State General Telephone Number

IX. RESPONSIBLE ADMINISTRATIVE OVERSIGHT

Responsible Officer (title only) Name of Oversight Office Address, City, State General Telephone Number