



Policy Approval/Review Form

This form is used for the approval, amendment, removal or review of a Gordon State College policy. Once authorized with the President's Signature, the policy will be posted to the Gordon State Website. This approval form will be filed in the Office of the President with Cabinet minutes noting approval.

Policy Title *	Semester System
Department/Organization	Faculty senate
Policy Editor	Bernard Anderson
Request Type	New ☐ Amended/Edited ☐ Removed ☐ Reviewed Only ☒

OBJECTIVE (Briefly state your purpose.)

After review, the Semester System policy will remain unchanged.

RESOURCES AND CONSULTATION (Briefly describe the resources (i.e. website, link) used in developing, amending, removing, or reviewing the policy. Include names of other individuals who assisted with this change.)

I was assisted in reviewing this policy by the members of the Academic Policy Committee. We have found that the semester system has worked well for several decades and do not see any potential advantage to changing back to a quarter system.

COMMUNICATION PLAN (Identify how information about how the policy will be communicated to the college as well as training plans if applicable.)

Information about the semester system is in the academic catalog. Since no change is being made, a communication plan is not necessary.

Authorizations

Chair/Dean/or Supervisor Signature and Date: _____

Cabinet Sponsor (VP) Signature and Date: _____

President Signature and Date: _____

J. Ardivini, Ph.D.
Digitally signed by J. Ardivini,
Ph.D.
Date: 2023.01.04 15:23:51 -05'00'

Kirk A. Nooks
Digitally signed by Kirk A. Nooks
Date: 2023.02.09 09:05:30 -05'00'

***Policy Template must be submitted with this form.**



Policy Name:				
Responsible Cabinet Member:		New		
Responsible Office:		Amendment/Revision		
Contact:		Review Only		

1. Policy Statement

2. Reason for Policy

3. Who Should Read this Policy

4. Resources

5. Definitions

6. The Policy (or “See Attached”)