

Policy File Change Request

Institution: _____ Date: _____

Campus: _____

Name of individual completing form: _____

Phone: _____ Email: _____

Instructions: Describe in detail the changes to be made. Indicate the intent of each change so that FLVC can ensure the stated change meets the intent.

Note: Allow three business days for processing. The Help Desk will send email confirmation when changes have been made.

FORM SUBMISSION INSTRUCTIONS

Step 1: Initial Requestor

Send the completed form to your Institution Contact for review and approval. The form will be delivered by email as a PDF attachment.

Institution Contact Email: _____

Step 2: Administrative Contact

Enter your name below to indicate approval and submit the form to the Help Desk. Note: The form must be sent from the email address on file for the Institution Contact.

Institution Contact Name: _____