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### OLD DOMINION UNIVERSITY

# Impact Statement Template

**Impact Statement for Proposed University Policy**

**Date Submitted:**

**Proposed Policy Name:**

1. **Background**
* State whether this is a new or updated policy.
* Briefly describe the motivation and rationale for the policy proposal.
1. **Policy Statement**
* Summarize the policy’s purpose.
* What are the core provisions/requirements?
1. **Reason for Policy**
* State what legal, regulatory, financial, operational, accreditation, technological, accreditation, and/or social requirements this policy addresses.
* Identify what advantages this policy will bring to the University.
* Specify any timing requirements for developing this policy.
1. **Overview of Policy Content**
* State clearly what problem this policy is targeting.
* State the ways this policy will solve this problem.
* Outline the procedures this policy requires of the university community that will deliver this solution.
* You may want to indicate, generally, the scope of the policy, e.g., what operational activities of the university will be affected, and what related areas will not be affected.
1. **Consistency with Old Dominion University’s Mission and Goals, Other Policies, and Related External Documents**
* Cite relevant statements of ODU’s mission, other University policies, and related legislation, etc.
1. **University Community Members Affected By This Policy**
* State all entities that apply.
1. **Impact on the University**
* Identify what resources (human, financial, physical, operational, technological, and other) will be needed to implement and maintain compliance with this policy.
* Identify what change to ODU’s culture and/or behaviors may be involved.
* List any risks of not establishing this policy.
1. **Stakeholders Who Will Be Consulted in Developing This Policy**
* List the stakeholders most affected by this policy that may be consulted in formulating the policy.
1. **Communications, Training Activities, and Compliance Mechanisms**
* List any training requirements to build awareness and ensure implementation.
* List any mechanisms existing or needed to ensure compliance with this policy.

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**Executive Policy Review Committee (EPRC) Approval to Proceed:**

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Designated Oversight Executive Signature Date

Designated Responsible Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suggested Policy Formulation Committee Members:

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Comments:

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