
**Shorter College
Ad-hoc Publication Revision Change Form**

Date of Request:	
Name of Requestor	
Title of Requestor	
Division	
Department/Office	
Name of Publication/Manual(s) for Revision:	
Effective Date of Changes:	
For Office Use Only:	
Executive cabinet Approval Needed (Yes/No):	
Name of Approvers:	
Name of Approvers:	
Name of Approvers:	
Name of Approvers	
Change Request Number	
Date of Memorandum Submission	

Please complete the information below

Detail Overview of the Modification(s) needed:

If it is a policy/procedure change, please state the original policy.

If it is a policy/procedure change, please state the revised policy.
