



## Request for Policy & Procedures Review

Date \_\_\_\_\_

Submitted By \_\_\_\_\_

Contact phone number \_\_\_\_\_

Email address \_\_\_\_\_

Policy to be reviewed

- |   |   |
|---|---|
| <input type="checkbox"/> Eligibility            | <input type="checkbox"/> Disciplinary Actions   |
| <input type="checkbox"/> Special Accommodations | <input type="checkbox"/> Appeals                |
| <input type="checkbox"/> Exam Delivery          | <input type="checkbox"/> Refunds                |
| <input type="checkbox"/> Recertification        | <input type="checkbox"/> Other (describe below) |

Please describe the recommended request below.

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Date submitted to Board \_\_\_\_\_ Signature \_\_\_\_\_