|  |
| --- |
| **Policy #: Policy Name**  **Summary of Key Changes** |

The Policy has been updated as follows:

* Xxx;
* Xxx;
* Xxx.

|  |
| --- |
| Stockton University Seal**STOCKTON UNIVERSITY**  **POLICY** |
| **Policy Name** |
| Policy Administrator:  Authority:  Effective Date:  Index Cross-References:  Policy File Number:  Approved By: Board of Trustees |

1. SECTION TITLE 1:

Text.

1. SECTION TITLE 2:
2. Subheading 1:

Text.

1. Subheading 2:

Text.

1. SECTION TITLE 3:

Text.

* Bullet;
* Bullet.

Review History:

|  |  |
| --- | --- |
|  | Date |
| Policy Administrator |  |
| Divisional Executive |  |
| General Counsel |  |
| Cabinet |  |
| President |  |
| Board of Trustees |  |