



The American
University of Paris

POLICY RETIREMENT FORM

Policy Name:	
Policy Number:	
Full Name:	
Responsible Office:	
Email:	
Phone:	
Date:	
Check One:	<input type="checkbox"/> This policy is being eliminated. <input type="checkbox"/> This policy is being eliminated and its contents will now be addressed through (insert new policy).

REASON

A concise summary of why this policy is no longer needed or why it is more effectively addressed elsewhere.

APPROVALS

Name of **Issuing Office Representative**:

Signature	Title	Date
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Name of **Senior Manager** in Issuing Office:

Signature	Title	Date
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Name of **Leadership Team Representative**:

Signature	Title	Date
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Approval of **President**

Signature	President	Date
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If applicable, approval of **Board of Trustees** (include meeting minutes, resolution, etc.)

Signature	Title	Date
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