

**POLICY REVIEW COMMENT FORM**

**POLICY NO./TITLE:** \_\_\_\_\_

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Organization/Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

Section of Policy	Page of Policy	Proposed Revision	Comment/Rationale

Submit this form to [ovpas@hawaii.edu](mailto:ovpas@hawaii.edu)