

St. Petersburg College
REQUEST FOR RULE/PROCEDURE CHANGE

Rule/Procedure Number	Date
Rule/Procedure Title	Person Requesting Change
Department/Campus	Extension

Change requested: Please attach a copy of current rule/procedure and indicate suggested text change. (Use underlines for any new text to be added and ~~strikethroughs~~ for any text to be deleted.)

Justification for request: _____

Effect of proposed change: _____

Economic Impact:

1. Will this change have an adverse impact on small business? Yes No
2. Will this change increase regulatory costs in excess of \$200,000 within the first year? Yes No
3. Will the proposed change result in an increase in student fees? Yes No

If yes to any of the above, complete and attach the Statement of Estimated Regulatory Costs Form (LE 404).

Date suggested change should be effective: _____

Anticipated Stakeholder Review (check all appropriate):

- FGO Dean's Council CSEC Provost's Council
- Associate Provosts Student Life & Leadership SGA Other _____

Sponsor

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_____ Approved Not Approved

General Counsel

Date