ROXBURY COMMUNITY COLLEGE

GOVERNANCE COMMITTEE

NAME: Academic Policy Committee

Proposal Name: Self Certification Policy
Submitted by: Sterling Giles, Chair
Initial Date of Proposal: fall 2013
Date Received by Governance Committee: 12/3/13
Proposal Number: 5

PROPOSAL TYPE

_ X ___ New Proposal

_____ Existing Proposal

Change in: Catalog Language and admissions records requirements

<table>
<thead>
<tr>
<th>Division/Department NAME:</th>
<th>(Recommendation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended</td>
<td>_ _ _ _ _ _ _ _ _</td>
</tr>
<tr>
<td>Not recommended</td>
<td>________________</td>
</tr>
<tr>
<td>Signature</td>
<td>Division /Department Designee</td>
</tr>
<tr>
<td>Read, no opinion comments</td>
<td>__________________</td>
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<tr>
<td>Returned Received (see)</td>
<td>__________________</td>
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</tbody>
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Date Received_________________________ Date of Action_________________

Comments: N/A for specific department / division – campus wide policy
Governance Committee NAME:  ACADEMIC POLICY (Recommendation)

Recommended  X  
Not recommended  

Returned (see comments  

Chairperson's Signature  

Sterling Giles  
Name  

Date Received  Oct. 2013  
Date of Action  12/3/13  

Comments: Unanimous approval. This policy will allow students who lack easy access to documentation to be admitted properly. It is student friendly and consistent with practice at many sister institutions.

The following language should go in the Catalog where appropriate:

**self-certification**

All applicants for admission to the College are required to verify their completion of a high school or GED diploma using the College’s self-certification procedures.
Governance Committee NAME: ACUERDO (Recommendation)

Recommended ☑
Not recommended ______

Returned (see comments) ______

Javad Moulai
Name

Date Received ______
Date of Action Dec 13th, 2013

Comments:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

President (Recommendation/Final Approval)

Approved ______
Disapproved ______

Returned (see comments) ______

Dr. Valerie Roberson
Name

Date Received ______
Date of Action ________________

Comments:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Academic Policy Committee Approval Form (version Nov 2012)