

Record Number:

## Columbia College Document Modification/Creation Form

### Introduction

The following form is to be completed when either modifying or creating a new controlled document or a group of related documents. Please attach draft modified current document or new document, or relevant section(s) of a group of related documents with changes clearly marked. Please review the Document Control Policy and Procedure document for further details regarding document formatting.

Document Recommendation (to be filled in by individual recommending the change or new document)			
Document Name or Description of Group of Related Documents:		Document Number(s):	
			where previously assigned
Submitted By (Print Name):		Phone #:	
Your Program/Dept.:		Date of Submission:	
What type of document is this: Corporate <input type="checkbox"/> Department <input type="checkbox"/>			
Who is the document approval authority for this request?			
What type of change is being recommended: Modification of current <input type="checkbox"/> New document <input type="checkbox"/> Archived document <input type="checkbox"/>			
Please provide a brief explanation that supports your recommendation:			
Prepare a list of stakeholders who were asked to review draft changes:			
Document Approval (to be filled in by Approval Authority, i.e. President for Corporate Documents)			
Has this recommendation been approved: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Document Approval Authority's Signature (if approved):		Date of Approval:	
Please provide a brief explanation of the approval decision (if necessary):			
Document Control (to be filled in by Document Control, i.e. Office of Registrar for Corporate Documents)			
Once approval has been given Document Control will advise all stakeholders listed above and any other stakeholders deemed appropriate of the changes to the document.			
Signature of Document Control Authority:		Date of Distribution:	
New Document Number: <small>where not previously assigned</small>			