**Delegation of Authority Form**

**Memorial University of Newfoundland**

**Form Identifier:**

**Date:**

**Parties Involved**

Delegator:

[*Enter the name and title of the person delegating authority*]

Delegate:

[*Enter the name and title of the person receiving delegated authority*]

**Purpose**

This form is used to document changes in authority in accordance with the “[Delegations of Authority Policy](https://www.mun.ca/policy/browse-or-search/browse-policies/university-policy/?policy=581)” and is subject thereto.

Add new delegation (complete sections I and IV only)

Revoke delegation (complete sections II and IV only)

Change delegation (complete sections III and IV only)

1. **Add new delegation**

**Delegated powers and authority:**

**Scope, limitations, and conditions:**

**Duration:**

The effective date of delegation is [*Enter date*] and shall run [*Specify any time limit if any; if none, indicate that it shall run until revoked by the delegator*].

**Sub-delegation:**

The authority delegated in this document shall not be sub-delegated.

The authority delegated in this document may be sub-delegated with the permission of the Board.

1. **Revoke delegation**

[*Enter the Form Identifier of the original delegation to be revoked*]

**Form Identifier of the delegation to be revoked:**

**Description of the delegation to be revoked:**

**The effective date of revocation** is

[*Enter date]*

1. **Change the scope of the existing delegation**

[*Enter the Form Identifier of the original delegation to be changed]*

**Form Identifier of the existing delegation:**

**Existing delegation:**

**Required change(s):**

**The effective date of change** is

[*Enter date]*

1. **Signatures**

|  |  |
| --- | --- |
| **Delegator** | **Delegate** |
| Name | Name |
| Title | Title |
| Signature | Signature |
| Date | Date |

**Related official documents**

[*Enter any laws, regulations, University policies and procedures related to this delegation (or sub-delegation) of authority*]

**Acknowledgment**

By signing this form, all parties acknowledge their understanding of the delegation changes and commitment to adhere to its terms and confirm that they have read and understood the Delegation of Authority Policy and Procedure.

**Additional Comments**

[*Include any extra information or context related to the delegation changes that may not be covered elsewhere in the Form. Use this space for specific details or considerations you deem important for the Delegation of Authority Committee or other stakeholders*.]

**Review**

This delegation (or sub-delegation) of authority is reviewed by the Delegation of the Authority Committee on [*Enter date*].

**Recordkeeping**

A copy of this Delegation of Authority Form shall be retained with the Office of the Board of Regents for recordkeeping purposes. This delegation will be added to the University Delegations Register.

**Contact**

Any questions regarding the Delegation of Authority Form may be directed to the Office of the Board of Regents - Policy Office at [policy@mun.ca](mailto:policy@mun.ca).