From: Dr. Eric Milou, Rowan University Senate President
To: Dr. Ali Houshmand, Provost
Date: 5/11/11
RE: Senate Resolution 110509-2

Resolution to Revise and Rename Laptop Policy

WHEREAS, the laptop policy is in need of revision to include a diverse range of mobile electronic devices.

WHEREAS, the intent of the policy is to promote the use of these devices as an aid to instruction.

WHEREAS, the uninhibited use of mobile electronic devices creates distractions that are detrimental to the learning environment.

THEREFORE BE IT RESOLVED,
The laptop policy be renamed the Mobile Electronic Device policy

AND BE IT FURTHER RESOLVED,
The Mobile Electronic Device Policy should clearly state that these devices are allowed at the discretion of the instructor and should not be used in a manner that is distracting to students or the instructor.

AND BE IT FURTHER RESOLVED,
The policy be revised as shown in the attached version to enact the changes mentioned above.

Mobile Electronic Device Policy

The use of laptop or notebook microcomputers and other mobile electronic devices for classroom activities is allowed at the discretion of the instructor or in the case of a documented disability. The use of such electronic devices should not be a distraction to other students or the instructor. Students are expected to use electronic devices only as part of ongoing class activities. If an instructor believes the use of electronic devices is detrimental to the learning environment or gives any student an unfair advantage, then the instructor may prohibit their use at any time. Also, the use of any device for purposes of audio or video recording may occur only with the prior approval of the instructor.
Acceptance:

____ I give my approval. I have forwarded this item to __________________________ for implementation.

____ No approval is actually needed. I have forwarded this item to the following individual or office for informational purposes only:

__________________________________________________________________________

ADDITIONAL REVIEW NEEDED:

____ I am willing to give approval if the following modification(s) are made:

____ Before I can approve or reject this item, I need clarification on the following:

____ I have forwarded this item to the following individual or office for further consideration and consultation.

Rejection:

____ I decline acceptance of this item for the following reason:


Please Return this Copy to the University Senate President ~ Retain a Copy for Your Records