POLICY TITLE

AUTHORITY: XXXX

XXX NUMBER: P O L / R E G / R U L . X X . X X . X X

HISTORY: Effective Date: Month DD, YYYY; Reformatted/Updated: Month DD, YYYY; Revised: Month DD, YYYY

RELATED POLICIES/SOURCES: NCCU Policy, UNC Policy, NC General Statute, etc.

CONTACT INFO.: Department Name, Department Phone Number, Department General Email Address

1. Purpose OR Introduction (CHOOSE ONE)

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2. Scope

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3. Heading 1

3.1 Level 2 Heading 1

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3.1.3 Level 3 Heading 1

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3.1.4 Level 3 Heading 2

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3.2 Level 2 Heading 2

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3.3 Level 2 Heading 3

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3.4 Level 2 Heading 4

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4. **Heading 2**

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5. **Heading 3**

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6. **Heading 4**

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