

**Name of Policy** [University of Toledo Smoke-Free and Tobacco-Free policy](#)

**Policy Number**

**Approving Officer:**

**Revision Date**

**Issuing Office**

**Responsible Agents**

**Scope**







<p>—</p> <p>_____</p> <p><i>Review/Revision Completed by: Senior VP, Student Affairs; Director, Community Wellness and Health Promotion; Director, Office of Public Safety, SLT</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"><li>• <i>Previous 3364-60-01, effective date July 26, 2017</i></li></ul> <p><b>Next Review Date: August 24, 2023</b></p>
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