**Notice of Intent to Create a Department, School or College**

**DEANS:** Send this completed proposal electronically to the Office of the Provost (**provost.deg.changes@wsu.edu**).

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| --- | --- |
| Proposed Name: |  |
| Proposed Campus: |  |
| College(s): |  |
| Proposed location in the administrative structure:(Part of a larger unit? Who does it report to? Who reports to it? Attach proposed organizational chart.) |  |

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| --- | --- | --- | --- |
| Contact Name: |  | Email Address: |  |
| Date of filing this NOI: |  | Proposed date for new unit: |  |

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| **Justification for the new unit:**  |
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| **List of existing units, if any, that are eliminated by creating the new unit. Please justify why they should be eliminated.** |
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| **List of faculty who will be housed in the unit (department or school), and/or a list of the departments that will be housed in the unit in the case of a school or college).** |
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| **Faculty Name** | **Rank** | **Current Department** | **Current Campus** |
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| **Description of the effect that creation of the unit will have on the faculty inside and outside of the unit.** |
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| **Description of the effect of the creation of the unit on other administrative units across the WSU system.** |
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| **Description of the process used to consult the affected faculty and other affected administrative units across the system.** |
|  |
| **Do the affected faculty and other administrative units agree to the creation of this college or department? If not, please explain why the unit should be created over their objections.** |
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| **If the unit is a department or school, will it serve as a tenure unit? If so, explain why. How many tenured faculty will be in the unit at inception?** |
|  |
| **Proposed budget—please attached the budget form for New Programs.** |
| **Description of the effect on the library at proposed location:** |
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| **Timeline:** |
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| The initials typed in this box certify that the person named below has reviewed this proposal:  |  |

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| Chair Name: |  | Date: |  |

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| The initials typed in this box certify that the person named below has reviewed this proposal: |  |

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| Campus VCAA: |  | Date: |  |

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| The initials typed in this box certify that the person named below has reviewed this proposal: |  |

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| Campus VCAA: |  | Date: |  |

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| The initials typed in this box certify that the person named below has reviewed this proposal: |  |

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| Campus VCAA: |  | Date: |  |

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| The initials typed in this box certify that the person named below has reviewed this proposal: |  |

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| Dean: |  | Date: |  |

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| Comments: |
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| Provost Office Sign: |  | Date: |  |

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| Comments: |
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Revised: 7/20/15

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| For Registrar’s Office Use Only: |
| Current CIP Code: |  | New CIP Code: |  | Date: |  |

**Send completed form with org chart and budget sheet to: provost.deg.changes@wsu.edu**