**Notice of Intent to Create a Department,**

**School or College**

**DEANS:** Send this completed proposal in Word version electronically to the Office of the Provost ([**provost.deg.changes@wsu.edu**](file:///C:\Users\jmholt\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\NFUZRB28\provost.deg.changes@wsu.edu)).

|  |  |
| --- | --- |
| 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 effective date | |  |

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| **Justification for the new unit:** |
|  |
| **List of existing units, if any, that are eliminated by creating the new unit. Please justify why they should be eliminated.** |
|  |
| **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).** |
| |  |  |  |  | | --- | --- | --- | --- | | **Faculty Name** | **Rank** | **Current Department** | **Current Campus** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Description of the effect that creation of the unit will have on the faculty inside and outside of the unit.** |
|  |
| **Description of the effect of the creation of the unit on other administrative units across the WSU system.** |
|  |
| **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.** |
|  |
| **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:** |
|  |
| **Timeline:** |
|  |

**SIGNATURES: The names typed below certify that the relevant academic and campus officials have reviewed and approved this proposal:**

|  |  |  |  |
| --- | --- | --- | --- |
| Chair Signature: |  | Date: |  |
|  | | | |
| Everett Chancellor: |  | Date: |  |
|  | | | |
| Spokane Chancellor |  | Date: |  |
|  | | | |
| Tri-Cities VCAA |  | Date: |  |
|  |  |  |  |
| Vancouver VCAA |  | Date: |  |
|  | | | |
| Dean Signature: |  | Date: |  |
|  |  |  |  |
| VP Global Campus: |  | Date |  |
|  | | | |
| Provost Office: |  | Date: |  |
|  | | | |
| Comments: | | | | |
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| --- | --- | --- | --- | --- | --- |
| For Registrar’s Office Use Only: | | | | | |
| Current CIP Code: |  | New CIP Code: |  | Date: |  |

Send completed form in Word version to: provost.deg.changes@wsu.edu