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

**School, or College**

**Notice of Intents will only be accepted electronically as a Word document to the Office of the Provost when submitted to** **provost.deg.changes@wsu.edu**

***\*If creating a Program, a notice of intent and proposal to create a new degree will also be required.***

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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 effective date: |  |

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| **Provide a clear and thorough statement of the nature and purposes of the new unit in the context of WSU’s mission and strategic plan.** |
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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 the 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.** |
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| **Do the affected faculty and other administrative units agree to the creation of this college or department? If yes, please include (or attach) letters of support from respective leaders of the affected units. 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?** |
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| [ ]  **Proposed budget—please attached the budget form for New Programs.** |
| **Description of the effect on the library at the proposed location:** |
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| **Timeline:** |
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**SIGNATURES: The names typed below certify that the relevant academic and campus officials have reviewed and approved this proposal:**

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| Chair or Director Signature: |  | Date: |  |
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| Dean Signature: |  | Date: |  |
| ***Signatures are required from the Chancellor(s) if the degree will be offered and/or impact the respective campus:*** |
| Everett Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Global Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Spokane Chancellor Signature: |  | Date: |  |
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| Tri-Cities Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Vancouver Chancellor Signature: |  | Date |  |
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| Comments regarding abstention of signature(s) |
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**Submit completed form as a Word document to the Provost’s Office at** **provost.deg.changes@wsu.edu** |

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