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* + - 1. **NEW ACADEMIC UNIT – APPROVAL REQUEST**
			2. *See Guidelines for Requesting Academic Unit Changes for Renaming, Mergers,*
			3. *Transferring or Disestablishment of an Existing Academic Unit*

**I. Campus and Location Offering –** indicate by highlighting in yellow the campus(es) and location(s) where this academic unit will reside.

**UA South Campus UA Main Phoenix Biomedical Campus** Sierra Vista Tucson Phoenix
Douglas UA Downtown
Mesa  **Distance Campus**
Pima CC East Chandler
Pinal County Paradise Valley
Santa Cruz Yuma
UA Science and Tech Park

II. **Academic College—**Provide the name of the academic college where this unit will be housed.

**III. Purpose and Activities of the Unit**

A. Identify the basic goals and objectives of the new unit.

B Describe the activities, projects, and programs that will be conducted by the new unit.

1. Describe demonstrable partnerships and partnership support that arise from the creation of the unit.
2. How does formal creation of this unit directly promote the fostering of collaborative and synergistic research and outreach beyond what is already happening on campus with existing entities?
3. Alignment of the proposed unit’s purpose to the reporting unit and the University’s strategic goals.
4. Documented support from affiliated faculty, department heads, and deans. At the college level, alignment of the proposed unit’s goals and objectives to the college’s recruitment plan and programmatic priorities.
5. Clear statement of the evaluative criteria to be used in the comprehensive review. How will the proposed unit demonstrate success?

**Ill. Resources**

A. Faculty and Staff

1. Provide the name and employee ID of the unit head.

2. List the name, rank, highest degree, primary department and estimate of the level of involvement of all current faculty and professional staff who will participate in the new unit. Also, indicate the position each person will hold in the new unit.

3. List the clerical and support staff positions that will be included in the new unit.

4. Project the number and type of new faculty and staff positions that will be needed by the unit during each of the next three years.

B. Physical Facilities and Equipment

1. Provide the Unit address for the new department. Include the following:

Mailing address

Building Name

Building #

Room

PO Box

Zip Code

Unit phone number

2. Identify the physical facilities that will be required for the new unit and indicate whether those facilities are currently available.

3. List all additional equipment that will be needed during the next five years and the estimated cost.

C. Library Resources, Materials, and Supplies

1. Identify any additional library acquisitions that will be needed during the next three years and the estimated cost.

2. List any special materials or supplies, other than normal office supplies, that will be required by the new unit.

D. Other Information

1. Identify any implications of the proposed change for regional or programmatic accreditation.

2. Provide any relevant information, not requested above, that will assist reviewers in evaluating this proposed addition.

E. Financing

1. Explain the university’s plan for providing adequate financing for the unit.

2. Identify potential sources for external funding for the unit.

3. If state funds will be used, indicate whether new appropriations will be requested or existing appropriations will be reallocated. If reallocating existing appropriations, indicate where these will be drawn from.

4. Complete the Budget Projection Form, projecting the operating budget for the proposed unit for the next three years.

5. Estimate the amount of external funds that may be received by the unit during each of the first three years.

6. Provide the unit account number (if previously assigned).

1. **Additional Information** --provide any other information not requested above that may be useful in evaluating this proposal.
2. **Required Signatures**

 Managing Unit Administrator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (name and title)

Managing Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**All programs that will be offered through distance learning must include the following signature. The signature of approval does not indicate a commitment to invest in this program. Any potential investment agreement is a separate process.**

Joel Hauff,Associate Vice President of Student Affairs & Enrollment Management/Academic Initiatives and Student Success

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: