# Form for moving AN Academic Program (8/21)

Please attach/submit additional documents as needed to fully complete each section of the form. This proposal must be accompanied by the Program Move Budget Form.

## Unit TO BE MOVED / ORIGIN UNIT / DESTINATION UNIT (AS APPLICABLE)

## Ii. JUSTIFICATION

What is the proposed move designed to achieve? For example, objectives might be related to (a) student success, (b) improved delivery of curriculum, (c) interdisciplinary collaboration, (d) simplified administrative procedures, (e) development of “communities of excellence”, (f) budget savings (should be explained further in the attached budget form.

## II. CURRICULUM CHANGES

How will the move affect the curriculum (including instructional resources) of the origin unit?  How will it affect the curriculum (including instructional resources) of the destination unit? Describe the impact on both undergraduate and graduate education, as applicable.

## III. process information

Affected units must be consulted when proposing a move. Describe the process and timeline for proposing the move, including the parties involved in the discussion, faculty votes, whether any objections have been raised, and how the objections have been addressed.  Consider perspectives from both the unit's origin and destination, as well as other affected units. 

## IV. NExt Steps

What will the move entail (such as: moving physical location of offices, development of new unit standards, updating of catalog, websites, personnel, etc.)? What is the proposed timeline for the completion of all changes?

## V. Endorsements and Approvals

Signatories should sign below, indicate whether they approve or do not approve of the proposed move, and provide additional comment if desired.  
  
Requestor: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_ xxxPhone / Email:

Program Chair (moving program, if not Requestor): Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Program Chair (origin program) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Approve Not approve  
 Comments:  
Program Chair (destination program) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Approve Not approve  
 Comments:

**Other Affected Programs**:   
 Approve Not approve Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_  
 Comments:   
 Approve Not approve Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_   
 Comments:

Dean (origin College/School): Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Approve Not approve  
 Comments:

Dean (destination College/School) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Approve Not approve  
 Comments:

Dean of the Graduate School Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Approve Not approve  
 Comments:

Provost Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Approve Not approve  
 Comments:

## VII SUBMISSION

After all signatures have been obtained, submit original, and an electronic file to the Provost’s Office. An electronic copy of the original signed form is acceptable. Attach **Unit Move Impact Form**.