

Application to Change Home Academic Unit

This form is used for a faculty member to request a move from their current academic unit to a preferred academic unit.

Please complete the form and attach a current CV.

The form should be approved/signed in the following order: 1. Current unit chair/director, 2. Current college dean, 3. Preferred unit chair/director, 4. Preferred college dean, 5. Regional vice chancellor (if applicable), 6. Provost's Office. There is a two page limit not including the CV.

Name _____

Academic title and rank _____

Current unit _____

Preferred academic unit _____

Briefly address what you believe to be the positive impact of joining the new (preferred) unit:

Provide information regarding how your credentials/scholarship/teaching better fits into the preferred unit:

Provide evidence that you have the support of the dean/director/chair of your current unit and your preferred unit to make the change.

Current Unit chair/director

Name _____ Title _____

Approve? Yes No Signature _____**Current college dean**

Name _____ Title _____

Approve? Yes No Signature _____**Preferred Unit chair/director**

Name _____ Title _____

Approve? Yes No Signature _____**Preferred college dean**

Name _____ Title _____

Approve? Yes No Signature _____**Regional vice chancellor (if applicable)**

Name _____ Title _____

Approve? Yes No Signature _____**Provost's Office**

Name _____ Title _____

Approve? Yes No Signature _____