



## 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 approval. 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 for 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 \_\_\_\_\_