# WESTERN CAROLINA UNIVERSITY AA-10

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***TRANSMITTAL FORM for APR 26: Procedures on reorganization of academic units***  ***Instructions: The principal advocate or representative should complete items 1-3 below and the attached Proposal for Review of a Reorganization Plan. The Proposal should be routed to all involved units using this Transmittal Form to document votes, recommendations and comments. For complete information, reference APR 26: Procedures on Reorganization of Academic Units*** [***http://www.wcu.edu/10132.asp***](http://www.wcu.edu/10132.asp)***.*** | | | | | | | | | | | |
| 1 | | ***Name Change***  ***(Dept →College →Provost →Chancellor)*** | | ***Department split, merger or new department or school within a college (involves one college)***  ***((Dept →College →Provost →Chancellor)*** | | | ***department to new college, college split, college merger, new college (involves multiple colleges)***  ***(Dept(s) →College(s) →Faculty senate →Provost→ Chancellor)*** | | | ***Date initiated:***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | |
|  | |  | | | | |  | | |  |
| 2 | | ***principal advocate for Proposal (initiator or representative)*** | | | ***Name*** | ***Department*** | | | ***college*** | | ***phone number*** |

|  |  |
| --- | --- |
| 3 | ***BRIEF EXPLANATION OF WHY CHANGE IS REQUESTED:***  (All units involved must make a recommendation & comment below. Space is provided for 2 depts. and 2 colleges. Use additional forms as needed if more units.)  List Departments Involved: #1       #2       #3       #4  List Colleges Involved: #1       #2       #3       #4 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***4*** | ***Department #1:***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | ***#Yes***  ***votes*** | ***#No Votes*** | ***recommended by department #1:*** | ***Yes*** | ***No*** |

|  |  |
| --- | --- |
| a | ***Departmental comments:***  *attach a separate page if additional space is needed.*  *departmental committee secretary’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* |
| b | ***Department head comments:******Recommended by department head: Yes  No***  *attach a separate page if additional space is needed.*  *department head’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***5*** | ***Department #2 :***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | ***#Yes***  ***votes*** | ***#No***  ***votes*** | ***Recommended by department #2:*** | ***Yes*** | ***No*** |

|  |  |
| --- | --- |
| a | ***Departmental comments:***  *attach a separate page if additional space is needed.*  *departmental committee secretary’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* |
| b | ***Department head comments:******Recommended by department head: Yes  No***  *attach a separate page if additional space is needed.*  *department head’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***6*** | ***college #1:***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***review committee votes*** | ***#Yes***  ***votes*** | ***#No***  ***votes*** | ***Recommended by college #1review committee:*** | ***Yes*** | ***No*** |

|  |  |
| --- | --- |
| a | ***college committee comments:***  *attach a separate page if additional space is needed.*  *College review Committee Secretary’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* |
| b | ***college dean comments:******Recommended by college dean: Yes  No***  *attach a separate page if additional space is needed.*  *College dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***7*** | ***college #2:***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Review committee votes*** | ***#Yes***  ***votes*** | ***#No***  ***votes*** | ***Recommended by college #2review committee:*** | ***Yes*** | ***No*** |

|  |  |
| --- | --- |
| a | ***college committee comments:***  *attach a separate page if additional space is needed.*  *College review Committee Secretary’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* |
| b | ***college dean comments:*** ***Recommended by college dean: Yes  No***  *attach a separate page if additional space is needed.*  *College dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***8*** | ***Faculty Senate review***  ***(required for proposals involving multiple colleges or if any unit involved is not in support of proposal)*** | ***#yes***  ***votes*** | ***#No***  ***votes*** | ***Recommended by Faculty Senate:*** | ***Yes*** | ***No*** |

|  |  |
| --- | --- |
| a | ***Faculty Senate comments:***  *attach a separate page if additional space is needed.*  *faculty senate secretary’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***9*** | ***provost’s review:*** | ***Recommended by provost:*** | ***Yes*** | ***No*** |

|  |  |
| --- | --- |
| a | ***provost’s comments:***  *attach a separate page if additional space is needed.*  *provost’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***10*** | ***chancellor’s review*** | ***decision by chancellor:*** | ***Yes*** | ***No*** |

|  |  |
| --- | --- |
| a | *chancellor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* |

**Proposal for Review of a Reorganization Plan**

*In accordance with the terms of* [*APR 26*](http://www.wcu.edu/10132.asp)*, a proposal requesting that a unit or units be reorganized must include the following items. Please complete and attach this information to the Transmittal Form for routing through to the units involved in the proposal*.

1. Rationale for the proposed reorganization
2. Goals and objectives of the proposed reorganization
3. Centrality of the reorganized unit(s) to the mission of the university
4. Alignment of the reorganized unit(s) to the strategic plan of the university
5. A detailed financial cost/benefit analysis of the reorganization
6. Impact on resources (e.g., positions, space, equipment, time, computer systems, facilities)
7. Impact on the curriculum and programs across the university
8. Criteria used to select the unit(s) for reorganization
9. A before and after organizational chart for all units affected
10. Implementation plan and timeline
11. Potential impacts on collegial review processes
12. Impact on students, faculty, and staff
13. Impact on quality of degree programs, student retention, and graduation rates
14. Impact of reorganized unit(s) on other units and programs
15. Impact on external constituents