# Program moVE Form (9/18)

Please attach/ submit additional documents as needed to fully complete each section of the form.

## I. Unit TO BE MOVED / ORIGIN PROGRAM / DESTINATION PROGRAM (AS APPLICABLE)

## II. Effects of Unit's move

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?

## III. process information

Please explain who has been involved in the discussion, whether any objections have been raised, and how the objections have been addressed.   Consider perspectives from both the unit's origin and destination.

## IV. 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) the development of the “communities of excellence”, (f) budget savings. If the move is designed to cut costs please include a budget showing projected cost savings.

## V. NExt Steps

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

## Vi. 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:

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

Approve Not approve  
 Comments:

Dean (destination College/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 [Faculty Senate Office](mailto:faculty.senate@mso.umt.edu), UH 221. An electronic copy of the original signed form is acceptable.