

# ANCILLARY UNIT STATUS FORM

Name of Ancillary Unit: \_\_\_\_\_  
 Director of Ancillary Unit: \_\_\_\_\_  
 Department & College / School / Division: \_\_\_\_\_

<b>New Application</b> Applying for Initial Approval (See APM 110) <a href="http://www.csufresno.edu/aps/apm/110.pdf">http://www.csufresno.edu/aps/apm/110.pdf</a>	<b>Renewal Application</b> Status of Ancillary Unit: Active Continued Developmental Year, ___ of 3 Inactive & Applying for Renewal	<b>Annual Report Enclosed</b>
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<b>ASSIGNED TIME:</b> Is assigned time involved for faculty in your department or program?		Yes	No
_____	_____		_____
Name of Faculty Member	Semester Assigned		Number of WTUs
Assigned Time Approved	X _____		
Assigned Time Not Approved		Signature of Department Chair / Program Coordinator	Date
Assigned Time Approved	X _____		
Assigned Time Not Approved		Signature of Dean	Date
<b>ADDITIONAL SIGNATURES:</b>			
If assigned time is given to faculty and/or staff outside the Ancillary Unit's home department, please list the individual's name below, the amount of assigned time granted, and obtain the signatures of the individual's Department Chair and Dean. <b>Please attach additional signatures if necessary.</b>			
Name: _____	Semester & WTUs: _____		
Home Dept: _____	Home College/School: _____		
Dept Chair: _____	Dean: _____		
X _____	X _____		
<i>Dept. Chair's Signature &amp; Date</i>	<i>Dean's Signature and Date</i>		

<b>WORKSHOPS / NON-CREDIT COURSES / CERTIFICATES:</b>
<b>Centers/ Institutes cannot offer courses for university credit.</b> Please identify all <u>non-credit</u> courses and any certificates offered by the unit. Attach additional pages if necessary. _____
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<b>APPROVALS:</b>			
Chair, Recommend Approval?	Yes	No	Dean, Recommend Approval?
X _____			X _____
<i>Dept. Chair's Signature &amp; Date</i>		<i>Dean's Signature and Date</i>	
<b>Provost and Vice President for Academic Affairs, Recommend approval?</b>			
	Yes	No	
X _____			_____
<i>Provost's Signature</i>		<i>Date</i>	
<b>President:</b>	Approved, 1Year	Approve Continued Developmental Period	Not Approved
X _____			
<i>President's Signature</i>		<i>Date</i>	
Other _____ _____ _____			