

ANCILLARY UNIT STATUS FORM

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

New Application Applying for Initial Approval (See APM 110) http://www.csufresno.edu/aps/apm/110.pdf	Renewal Application Status of Ancillary Unit: Active Continued Developmental Year, ___ of 3 Inactive & Applying for Renewal	Annual Report Enclosed
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ASSIGNED TIME: 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

ADDITIONAL SIGNATURES:
 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. **Please attach additional signatures if necessary.**

Name: _____	Semester & WTUs: _____
Home Dept: _____	Home College/School: _____
Dept Chair: _____	Dean: _____
X _____	X _____
<i>Dept. Chair's Signature & Date</i>	<i>Dean's Signature and Date</i>

WORKSHOPS / NON-CREDIT COURSES / CERTIFICATES:
Centers/ Institutes cannot offer courses for university credit. Please identify all non-credit courses and any certificates offered by the unit. Attach additional pages if necessary. _____

APPROVALS:

Chair, Recommend Approval? Yes No X _____ <i>Dept. Chair's Signature & Date</i>	Dean, Recommend Approval? Yes No X _____ <i>Dean's Signature and Date</i>
Provost and Vice President for Academic Affairs, Recommend approval? Yes No X _____ <i>Provost's Signature</i> _____ <i>Date</i>	
President: Approved, 1Year Approve Continued Developmental Period Not Approved X _____ <i>President's Signature</i> _____ <i>Date</i>	

Other _____

