

**REQUEST FOR CHARTER
ACADEMIC INSTITUTES AND CENTERS**

Academic Affairs Policy #1

Policy Revised: September 2017

Instructions:

Please complete the request form and obtain the following signatures where indicated:

- Requestor
- Academic Unit Head
- Dean

Please mail the original signed form to:

Ms. Becky Rohlf
Research and Public Service
MSC 4107

For additional information, please contact Becky at rohlfri@jmu.edu or 540-568-3640.

After review, Research and Public Service will process for remaining signatures.

**REQUEST FOR CHARTER
ACADEMIC INSTITUTES AND CENTERS
Academic Affairs Policy #1**

Contact Information

Proposed Name of Academic Institute or Center (AIC):

(With approval as specified in Section 6.7)

Name of Person Requesting:

JMU Requester Academic Title:

(i.e., Professor of <Program>, Director of <Unit>, etc.)

MSC:

Phone:

Phone #2:

Email:

Fax:

JMU Web site:

Center Web site:

College in which AIC will be housed:

Department in which the AIC will be housed:

Type of Request:

Definitions and Designation of AIC

Select a **proposed** category and type. The final designation will be determined by approvers.

Category:

Type:

Provide a rationale for the proposed category and type in a statement not exceeding 200 words.

Procedures

(Review Section 6 of Policy before proceeding)

Proposal & Justification (Section 6.1)

Attach a brief written justification (*Attachment 1*) for each criteria listed below. The document must not exceed one double-spaced page.

Criteria 1 - Need

Criteria 2 - Support of university priorities (specify)

Criteria 3 - Funding

Criteria 4 - Staffing

Approval

Choose one of the following:

Mission and Objectives

In a statement not exceeding 300 words, explain in plain English the mission and objective of the AIC.

Staffing

Attach a written description for each person working with AIC, specifying the information below. Submit as *Attachment 2*.

1. Name/functional description
2. What is the role of the person holding the position? Select from the following:
 - Faculty member:
Is reassigned time required? If yes, attach approval as detailed in Section 6.5
 - Staff member:
Is reassigned time required? If yes, attach approval as detailed in Section 6.5
 - Undergraduate Student
 - Graduate Student
 - Other (identify)

Administrative Structure

Include an organizational chart as *Attachment 3*.

Advisory Boards

List and describe advisory boards affiliated with or related to the AIC as *Attachment 4*. This item is required.

Reporting Relationships

What reporting relationships exist in the AIC? Explain in a statement not exceeding 300 words.

Governance Issues

Detail governance issues, if any, in a statement not exceeding 300 words.

Funding

Select one or more options below.

In-hand: Source/Amount:

Committed funds: Source/Amount:

Proposed funds: Source/Amount:

Support Needs

Are there additional university support needs?

No

Yes (specify below)

Fundraising

Will the AIC raise public funds?

No

Yes. If so, approval of University Advancement is required as specified in JMU Policy 5105.

Briefly describe below.

University Advancement Approver Name:

Approval Signature:

Date:

Appointment of Director

Include a summary of the director's qualifications as *Attachment 5*. Do not exceed 300 words. A brief CV is acceptable. (Refer to Section 6.2 & Section 7)

Impact

Discuss the positive impact of the proposed AIC in a statement not exceeding 300 words.

Pre-Proposal Authorization (Section 6.0)

All signatures of authorization are required before the proposal is submitted. Add additional signatures as an attachment if necessary.

Department Head

Approver Name:

Department Name:

Approval Signature _____ Date _____

Dean

Approver Name:

College Name:

Approval Signature _____ Date _____

Dean recommendation for term of charter (not to exceed 5 years):

Vice Provost (overseeing involved college)

Printed Name:

Approval Signature _____ Date _____

Vice President for University Advancement

Printed Name:

Approval Signature _____ Date _____

Assistant Vice President for Academic Resources

Printed Name:

Approval Signature _____ Date _____

Additional Information

List any other pertinent information you wish to share as *Attachment 6*. Responses must be limited to one page.

Submitted by:

Printed Name and Title:

Signature _____ Date _____

Reference Sources

Academic Affairs Policy #1, Academic Institutes and Centers
Faculty Handbook
Policy and Procedures Manual
Office of Sponsored Research Policy
Policy #5101 Solicitation for Private Funds
Financial Procedures Manual

APPROVALS

All sections require the **typed** name of the approver, unit and college.
Note: If the AIC is cross-disciplinary, approvals must be received from all involved areas.

Department Head

Approver Name:

Department Name:

Approval Signature _____ Date _____

Dean

Approver Name:

College Name:

Approval Signature _____ Date _____

Dean recommendation for term of charter (not to exceed 5 years):

Vice Provost (overseeing involved college)

Printed Name:

Approval Signature _____ Date _____

Vice President for University Advancement

Printed Name:

Approval Signature _____ Date _____

Assistant Vice President for Academic Resources

Printed Name:

Approval Signature _____ Date _____

APPROVAL/RECOMMENDATION
(to be completed by VPRPS)

APPROVAL

Approve Charter	Expiration Date:
Approve Conditional Charter	Expiration Date:
Deny Charter	

Comments:

Vice Provost for Research and Public Service

Printed Name:

Approval Signature _____ Date _____

FINAL APPROVAL (to be completed by Provost and Senior Vice President for Academic Affairs)

Approve Charter	Expiration Date:
Approve Conditional Charter	Expiration Date:
Deny Charter	

Comments:

Provost and Senior Vice President for Academic Affairs

Assistant Vice President for Academic Resources

Printed Name:

Approval Signature _____ Date _____

Charter Issued: Charter Expires:
