

NEW ENTITY REQUEST FORM

Date of request: _____

Type of Request: Structural Functional

Entity Name (limit of 50 characters): _____

Entity Short Name (limit of 32 characters): _____

Abbreviation Requested (3 characters): _____

Entity will report to: Entity No. _____ Entity Name: _____

Reason for new Entity: _____

Affiliations:

Course: Student Major: Student Minor: Financial: Personnel:

Account Number: _____ Term Required (HUB only): _____

Comments: _____

Requested By:

Name: _____ Title: _____

Dept: _____ Phone No.: _____

Email Address: _____

Unit CFO Approval: _____ Date: _____

Dean/VP Approval: _____ Date: _____

Provost Approval: ¹ _____ Date: _____

¹ Entity/Hierarchy changes applied to functional elements such as student majors require CFO approval **only**. Entity/Hierarchy changes applied to structural elements such as Departments require CFO, Dean/VP and Provost approval. Provost approval will be obtained by APB.

Please return completed form to Laura Szeffel at lszefel@buffalo.edu