

**STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA  
PROPOSAL FOR ORGANIZATIONAL CHANGE**

**Part I: General Information**

**1. Institution:**

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**2. Nature of Proposed Change** (i.e., to establish, reorganize or terminate an institutional unit). Please summarize the change here and attach a detailed description of the change on a separate page, as well as copies of the institution's current and resultant organizational charts.

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**3. Purpose of Proposed Change.** Please summarize the reason(s) for the change here and attach a detailed description of the purpose for the change on a separate page.

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**4. Type of Proposed Change** (check one).

**SIMPLE** \_\_\_\_\_

**COMPLEX** \_\_\_\_\_

If simple, please explain how the change fits with the institution's mission, curriculum and funding on a separate page. Part II is optional.

If complex, please complete and submit Part II of this form.

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**5. Does this proposed change involve the establishment of an off-campus instructional site?**

**NO** \_\_\_\_\_ **YES** \_\_\_\_\_

If yes, does the proposal fit the criteria for a partially-exempt or non-exempt site?

**PARTIALLY-EXEMPT** \_\_\_\_\_

**NON-EXEMPT** \_\_\_\_\_

If partially-exempt, please attach documentation to support this status.

If non-exempt, please complete and submit Part II and Part III of this form.

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**6. Date of Approval by Board of Visitors.**

Check box if BOV approval is not needed.

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**7. Proposed Effective-Date of Organizational Change.**

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Signed: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

## **Part II: Supplemental Information**

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1. If a study was conducted to determine the feasibility of the proposed organizational change, please summarize its findings here and attach a copy of the full report. If no such feasibility study was conducted, please summarize a needs assessment (the institution's need for the change, and/or the needs of students, citizens, employers, the local area, the region, the Commonwealth) here and attach a detailed description of the necessity for the proposed organizational change.  

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2. Summarize here and attach a detailed description of the anticipated effect(s) of the proposed change on the institution's mission, scope, curriculum and budget.  

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3. If the proposed organizational change will involve the **reorganization** of an existing academic unit, or the **merger** of two or more currently-separate units, please summarize here and attach a detailed description of the impact of this change on operating costs (including salaries, facilities, equipment and supplies).  

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4. If the proposed change will involve the **establishment of a new academic unit or units**, please summarize here and attach a detailed description of the anticipated operating costs, including costs of and number of FTE personnel in each of the following categories: administrative salaries, faculty salaries, clerical/support salaries, supplies, library, travel, equipment, other (itemized). Please also indicate for which, if any, of the categories above the institution will be requesting new state appropriations.

If the new organizational unit(s) will be funded in part by a source or sources other than state appropriations, please summarize here and attach a detailed description of these anticipated private funds (source, amount, duration, planned use).

**Part III: For Non-Exempt Off-Campus Instructional Sites**

**1. Type of Council Action Sought at this Time (check one):**

**PRELIMINARY APPROVAL** \_\_\_\_\_

**CONDITIONAL APPROVAL** \_\_\_\_\_

If “preliminary”, please provide the information requested in Section A. Then, complete Section C.

If “conditional”, please provide the information requested in Section B. Then, complete Section C.

**A. Preliminary Approval**

(i) A request for a Preliminary Approval **must** address, clearly and completely, **ISSUES OF “NEED”**, such as:

-- How will the site fit with the institution’s mission; with the institution’s strategic plan (is it discussed in the current plan); and with SCHEV’s Institutional Performance Standards (will it help the institution meet at least one standard, such as the Academic Offerings standard)? How might other public institutions be impacted?

-- Why does this institution need this type of site at this time? Why does the state, region and/or locale need this type of site at this time?

-- What will the site do? What type(s) of academic offerings/programs—generally or specifically—will be available at the site? How many students will be served? How will these students be served? How innovative will the site and its offerings be, in terms of technology, scheduling, space utilization, etc.?

(ii) A request for a Preliminary Approval **must** address, in at least a general way, **ISSUES OF “COST”**, such as:

-- What is the anticipated scope of the project (one building; more? What size, scale, design, infrastructure—basic vs. innovative?)?

-- Based on all of the above information, what is the institution’s general estimate of site development/purchase/construction costs; annual operating costs?

-- How were these determinations made? On what are they based?

(iii) In a request for Preliminary Approval, **“SITE-SPECIFIC” ISSUES** are optional. At its discretion, a public institution may elect to discuss:

-- What specific building(s), for purchases? What specific locations (parcels/tracts, towns, cities, counties)? What specific contractors, terms, agreements?

-- Status of preliminary site plans and/or site analyses.

*{remainder of page left blank intentionally}*

**B. Conditional Approval**

(i) Nature of the Proposed Site.

Leased Property or Space ____	Donated Property or Space ____	Purchased Property or Space ____	New Construction ____	New Campus ____
<p>If the property or space is to be used for a specified time period, please attach detailed descriptions of:</p> <ul style="list-style-type: none"> <li>a. the location;</li> <li>b. the lease or use agreement;</li> <li>c. the length of the lease or use period;</li> <li>d. an estimate of FTE students to be served during the use period;</li> <li>e. any support services to be supplied at the site.</li> </ul>	<p>If the property or space is to be donated or purchased, please attach detailed descriptions of:</p> <ul style="list-style-type: none"> <li>a. the location;</li> <li>b. the donation or purchase agreement</li> <li>c. an estimate of FTE students to be served;</li> <li>d. support services to be supplied onsite;</li> <li>e. projected enrollments for five years, including enrollment source(s);</li> <li>f. estimated operating costs, including staffing and separate listings of ongoing and incremental resource requirements when fully operational;</li> <li>g. impact of site on other campuses' / institutions' enrollment(s).</li> </ul>	<p>If the site is to involve construction of a building, complex or campus, please attach detailed descriptions of:</p> <ul style="list-style-type: none"> <li>a. the site analysis (include maps)</li> <li>b. the site plan, including topography, roads, building location(s), traffic &amp; pedestrian circulation/flow, expansion potential, and adjacent land development;</li> <li>c. student support services to be supplied onsite;</li> <li>d. an academic plan (for new campus only);</li> <li>e. projected enrollments for five years, including enrollment source(s);</li> <li>f. preliminary estimates of costs for site development and construction;</li> <li>g. preliminary space requirements by function and room type;</li> <li>h. estimated operating costs, including staffing &amp; separate listings of ongoing and incremental resource requirements when fully operational;</li> <li>i. impact on other campuses' / institutions' enrollment(s);</li> <li>j. projected calendar for development of site &amp; capital projects, implementation, &amp; operating expenditures;</li> <li>k. summary of planning process and board actions.</li> </ul>		

*{form continues on following page}*

(ii) Nature of the Use of the Proposed Site (check all that apply).

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| <input type="checkbox"/> Undergraduate Education   | <input type="checkbox"/> Graduate Education       |
| <input type="checkbox"/> Traditional-Aged Students | <input type="checkbox"/> Adult Students           |
| <input type="checkbox"/> Day Classes               | <input type="checkbox"/> Evening/Week-End Classes |
| <input type="checkbox"/> Synchronous Instruction   | <input type="checkbox"/> Asynchronous Instruction |
| <input type="checkbox"/> Non-Credit Instruction    | <input type="checkbox"/> Credit Instruction       |

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**C. Contact Information**

(i) Name(s), title(s), and contact information for institutional personnel who may be contacted to answer questions and/or supply additional information regarding this proposal.

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(ii) Printed names(s) and dated signature(s) of person(s) who completed this form.

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(iii) Printed name and dated signature of institutional president.