

- Existing CIOSU
 New CIOSU

Application/Registration
Colorado State University Centers, Institutes and Other Special Units

Name of individual completing this application:

Telephone Number: Date:

Requested Start Date for this Center/Institute/Laboratory:

1. Name of proposed Center or Institute or Other Special Unite (CIOSU):

2. Name, Title, telephone number, and signature of administrative director(s) of proposed CIOSU (See Academic Faculty/Administrative Professional Manual, Section B.2.6.5, last paragraph).

Name	Title	Tel #	Signature
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Address	Fax #	E-mail Address
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Name	Title	Tel #	Signature
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Address	Fax #	E-mail Address
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Overseeing Administrator: (responsible for making initial recommendation to continue, consolidate, or terminate a CIOSU during the biennial reporting process)

Name	Title	Tel #	Signature
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College/Address	Fax #	E-mail Address
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How administrative director was selected:

3. Mission of proposed unit and how this mission relates to the mission and strategic goals of Colorado State University. (Concise summary of 100 words or less)

4. Statement of goals and/or objectives of the proposed unit.

5. The purpose/mission of this CIOSU does not overlap/duplicate that of other existing CIOSUs.
True False
(If it does, please attach a separate page describing/explaining the duplication and how the proposed CIOSU will be coordinated with other CIOSUs with similar or complementary functions.)

6. Name(s) of Colorado State University unit(s) [Department(s)/College(s)] with which this CIOSU will be affiliated.

7. On a separate single sheet, using both front and back if needed, please provide a description of (a) the organizational and administrative structure and responsibilities, (b) the personal involved, (c) how the CIOSU will be internally governed, and (d) a summary budget showing funding sources and amounts, and expenses such as space, personnel salaries, equipment and other resources required. The budget should include sufficient detail to indicate program viability for a period of at least five years. If funding sources have not been secured, the applicant should indicate potential sources, amounts and an approximate time-frame for securing such funds.

8. CSU Business and Financial Services is available to provide CIOSUs guidance in implementing proper controls over the sales of goods and services. Does the proposed CIOSU plan to charge a fee for the sale of goods and/or services: Yes No

Signatures (See Section B.2.6.3 of the Manual)

_____	_____	_____
(Dept. Chair)	(Department)	(Date)
_____	_____	_____
(Dean)	(College)	(Date)
_____	_____	_____
(Dept. Chair)	(Department)	(Date)
_____	_____	_____
(Dean)	(College)	(Date)

Date Received: _____ Month/Year for start of CIOSU:

Anticipated month/year for formal evaluation:

Signatures: _____

_____	_____
(Chair, Faculty Council)	(Date of FC/Committee Action)
_____	_____
(Provost or Vice President for Research)	(Date of Approval)

Responsible Administrator: Provost VP for Research Other: _____

Applicant: Forward this application to the Office of Faculty Council, which will forward a copy to the Provost. The Provost shall act as or assign the Responsible Administrator for the proposed CIOSU based on its primary mission (See Section B.2.6.3 of the Manual).

**If approved, the CIOSU will be subject to periodic evaluations.
(See Section B.2.6.6 of the Manual).**

(Revised 1/14)