

Faculty Network Campus Transfer Form

Name of Faculty wishing to relocate:

Department Chair:

College Dean:

Email (Faculty):

Current College:

Current Campus/Unit:

Campus Relocation Destination:

Target date for relocation to be complete:

Is the relocation anticipated to be temporary (provide start and end dates) or permanent:

Start Date:

End Date:

OR Permanent

Rationale for Relocation: (Instruction- Please provide the strategic rationale and the business need for requesting a campus transfer. For example, the strategic rationale may be a new emphasis on the faculty member's area of expertise at the destination campus. The business need may be that additional teaching or research capacity is needed at the destination campus. This section should be as detailed as possible.)

Current courses taught and workload teaching requirements:

Current funding and pending funding (please be specific and include agency, year of grant, funding available):

List your current space (office and lab if applicable) and location on campus:

Anticipated Space and/or Lab Requirements: (Instruction- To the best of your knowledge, detail all space and equipment needed to support ongoing research/teaching/doctoral student support/office needs at the new location. Note any new space needs requested at new location)

Indicate if doctoral students will need to be moved as part of this relocation: If yes, list all students, programs for each, and whether the students are pre- or post-candidacy. Please also indicate if there is a plan to enroll new students. Note if the doctoral program has been approved to be offered at the new location.

Approval by college dean:
Comments:

Approval by campus dean:
Comments:

Please send to Deb Franko, SVPAA, d.franko@neu.edu for review.