

- Existing CIOSU
- New CIOSU

## **Application/Registration**

### **Colorado State University Centers, Institutes and Other Special Units**

Name of individual completing this application: [Click here to enter text.](#)

Telephone Number: [Click here to enter text.](#)      Date: [Click here to enter text.](#)

Requested Start Date for this Center/Institute/Laboratory: [Click here to enter text.](#)

1. Name of proposed Center or Institute or Other Special Unite (CIOSU):  
[Click here to enter text.](#)
  
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).

[Click here to enter text.](#)

Name	Title	Tel #	Signature
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[Click here to enter text.](#)

Address	Fax #	E-mail Address
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[Click here to enter text.](#)

Name	Title	Tel #	Signature
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[Click here to enter text.](#)

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)

[Click here to enter text.](#)

Name	Title	Tel #	Signature
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[Click here to enter text.](#)

College/Address	Fax #	E-mail Address
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How administrative director was selected: [Click here to enter text.](#)

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 personnel 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: [Click here to enter text.](#) Month/Year for start of CIOSU: [Click here to enter text.](#)

Anticipated month/year for formal evaluation: [Click here to enter text.](#)

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: \_\_\_\_\_

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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)