

REQUEST FOR NEW DEPARTMENT

Fiscal Year:	DeptID:
Department Description: <i>(30 char)</i>	Address 1: <i>(RP Bldg & Room #)</i>
Manager: <i>(Full Name including middle initial; e.g. Jolin, Karen P)</i>	
Title: <i>(e.g. Controller, VP Development, Chair of the English Department)</i>	
Department Name:	Email:
Persons with Viewing Access <i>(Full Name including middle initial; e.g. Jolin, Karen P)</i> :	
Name:	
Name:	
Name:	
Fund Purpose: <i>(254 char)</i>	

Prepared by: _____ Date: _____

Authorized by: _____ Date: _____

Entered by: _____	Date: _____
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CHARTFIELD STRING *(To be entered by Finance)*

Fund 1:	Department ID: WMS_DEPT_FUND_COMBO
Fund 2:	Program: <i>(research, student service, admin, etc.)</i>

ORGANIZATIONAL ATTRIBUTES *(To be entered by Finance)*

Sr. Staff Report: (Pres., Provost, etc.)	Department ID:	Division 1, 2 or 3:
WMS_DEPT_RPT_DST:	WMS_SMMRY_RPT_DST:	

WMS_DEPTS_FOR_SOA