

INITIAL REQUEST FOR APPROVAL TO ESTABLISH AN ENDOWED CHAIR

This form is to help review gifts to establish an endowed chair for compliance with academic plans and priorities, and to facilitate campus review procedures for establishing an endowed chair.

Please attach further explanation for each item below, if more space is needed.

Background Information

Submitted By:	School/Unit (<i>department[s] or program[s]</i>):	Location of FTE:
Type of gift, comments:		
Proposed name (<i>if any, involving gift</i>):	Honorific naming (<i>no gift involved</i>):	
Proposed use(s):		

Academic Information

Academic Justification: Explain how the proposed gift or endowment is consistent with the academic plan of the School/Unit (department[s] or program[s]) and provide the corresponding academic plan.

Resources: Describe the resources that will be necessary to support the proposed chair (e.g., FTE and other funding). Please refer to the school unit/strategic plan as appropriate.

Academic justification and information regarding resources for joint/courtesy appointments and/or interdisciplinary program, if applicable.

School/UCI/UC Commitment

Will any additional school, campus-wide, or system-wide resources be sought /required (e.g., space, special facilities, equipment, associated library resources, research support, etc.)? How will they be funded?

If endowed chair, is this a new FTE or an existing FTE ?

If new, please give reference to the School's Strategic Plan.

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Approval of Unit (Department[s] or Program[s] and of School (through the School's Executive Committee or equivalent body):

Provide a description of the process of faculty consultation and a copy of endorsement votes.

Chair Selection Procedure

Provide a description of the procedure by which the Chair is to be chosen.

Gift Agreement

Please attach the signed gift agreement, including an assurance that it is the sole agreement between the University and the Donor describing the terms of the gift.

Submitted by:

Department Chair Signature Date

Printed Name

Dean Signature Date

Printed Name

Reviewed by:

Academic Senate Signature Date

Printed Name

Vice Chancellor, University Advancement Signature Date

Printed Name

**Send completed requests along with all supporting information to:
Assistant Director, Gift Services, 100 Theory, Suite 250, Zot Code 5601**