University at Buffalo *The State University of New York*

NEW ENTITY REQUEST FORM

Date of request: _____

Type of Request: Structural ☐   Functional ☐

Entity Name (limit of 50 characters): _____

Entity Short Name (limit of 32 characters): _____

Abbreviation Requested (3 characters): _____

Entity will report to: Entity No. _____   Entity Name: _____

Reason for new Entity: _____

_____

Entity Level:

1 – Purpose: ☐   2 – Group: ☐   3 – VP/Decanal: ☐   4 – Unit: ☐

5 – Area: ☐   6 – Department: ☐   7 – Sub-department: ☐   8 – Entity: ☐

Affiliations:

Course: ☐ Student Major: ☐ Student Minor: ☐ Financial: ☐ Personnel: ☐

Account Number (HUB only): _____ Term Required (HUB only): _____

Comments: _____

_____

Notification to be sent to:

 Name: _____ Title: _____

 Dept: _____ Phone No.: _____

 Email Address: _____

Unit UBO Approval: _____ Date: _____

Dean/VP Approval: _____ Date: _____

Resource Planning Approval: [1]_____ Date: _____

[1] Entity/Hierarchy changes applied to functional elements such as student majors require UBO approval **only**. Entity/Hierarchy changes applied to structural elements such as Departments require UBO, Dean/VP and RP approval. RP approval should be obtained by email at RP-Entity-Request@buffalo.edu.

Please return completed form to Laura Szefel at lmszefel@buffalo.edu