Section I: Information on Request

1. **Title of Request:** Microbiology Equipment

2. **Description of Request:** Purchase equipment to enhance teaching of Microbiology

3. **Justification for Request:** Microbiology equipment was identified in Program Review/Assessment as necessary to enhance provision of STEM courses, especially Microbiology and Microbiology Lab.

**Check Boxes if the answer to the question is “Yes”**

4. ☒ Does this request meet the College’s Mission Statement?
5. ☒ Does this request meet the University of Hawai‘i’s Mission Statement?
6. ☐ Is this request due to an identified health or safety need?
7. ☒ Is request due to an Implementation Plan objective (Implementation plan that is generated due to Strategic Plan goals)

8. **Program Review Link:** Please type the web link to your most current program review


**Estimated Cost of Resources**

Please provide your best projection of the costs of this request including positions, funds (i.e., personnel, operating, and equipment costs), and required space to implement request or activity.

**Positions:** 0.0  
**Funds:** $3000

**Request Details:** 1 Incubator
Section II: Strategic Plan

Relationship to HCC Strategic Plan
Link: Honolulu Community College Strategic Plan 2010-2015

Each request MUST be tied to a Strategic Goal and Outcome. Many requests will be related on multiple goals and outcomes, in these instances please choose the primary as well as any secondary goals and outcomes that the request meets. Explain the relationship between the request and the goal/outcome as necessary.

1. **Primary Goal:** Increase the annual degrees/certificates awarded in Science Technology, Engineering, and Math (STEM) fields by 6% per year to 135 by 2015.

2. **Secondary Goal:** Please indicate the secondary goal/outcome that this request helps to accomplish
   Please explain the request's relationship to this goal

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Section III: Communicating the Request

Program Consultation

1. **Programs/Offices that will be impacted by this request include:** Liberal Arts

2. **Impacted Program/Office:** Liberal Arts, Natural Sciences.
   
a. **Impacted Program/Office Comments:** Natural Sciences faculty have been consulted

3. **Impacted Program/Office:** Submitter is responsible for including all programs/offices that will be impacted by the request and seek their comments on the request.
   
a. **Impacted Program/Office Comments:** Impacted programs/offices comment/concerns section

4. **Impacted Program/Office:** Submitter is responsible for including all programs/offices that will be impacted by the request and seek their comments on the request.
   
a. **Impacted Program/Office Comments:** Impacted programs/offices comment/concerns section

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Section IV: Administration Review and Comments

NOTE: Save the form using an abbreviated title of the request in this format: AbbreviateTitleofRequest_BudReqAY12 (example: OfficeFurnReplacement_BudReqAY12.doc).

- **Routing** -

All requests require review and comment from:
1) Division Chair (if no Division Chair then to #2), 2) Lead Dean(s), 3) VCAA, and 4) VCAS

1. ☒ Reviewed by Division Chair
   a. Division Chair supports request.

2. ☒ Reviewed by Program/Division Dean
   a. Request important in meeting STEM objectives and the future AS in Natural Sciences.

3. ☐ Reviewed by Vice Chancellor of Academic Affairs
   a. VCAA please enter comments on request here

4. ☐ Reviewed by Vice Chancellor for Administrative Affairs
   a. VCAS please enter comments on request here

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