



Centers & Institutes Closure, Redirection, or Name Change Form

Date: _____

Name of Center/Institute: _____

Director: _____

Instructions:

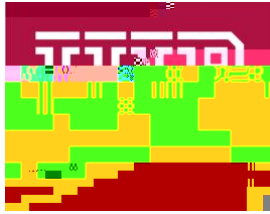
Provide today's date, name of center or institute, and name of director; check the appropriate box for the desired action (closure, mission change, name change) and attach any necessary documentation; **consult with the SGSR to determine which signatures are required**; secure required signatures; return completed form to SGSR.

Desired Action(s):

- Center/Institute Closure (attach approx. 1-page summary of rationale for closure)
- Redirection of Center/Institute Mission (attach current mission, proposed new mission, and rationale for change)
- Center/Institute Name Change (attach current name, proposed new name, and rationale for change)

SIGNATURES (checked ones are required):

Required



□

Date

College Dean
