

## Request to Terminate an Academic Center or Institute SAM 06.A.07

<b>Contact Informa</b>	tion:		
Name of C	Center/ Institute:		
Name of I	Director:	Title:	
Campus A	Address:	Telephone:	
Email Add	dress:		
<b>Guidelines:</b>			
use a 12-point fo footnotes in these	ont that is clear and legible. e sections may use a smaller for	Figures, charts, tables and figure leads to the size and may be single-spaced be one inch (1") or greater on all sides.	egends and
center or institute	e. Include such considerations	il the reasons for the request to disco as loss of funding, loss of key facul r replacement by a new center/institut	ty or other
	<b>Obligations.</b> Explain how are handled during the "phase-out	orderly termination or transfer of er period.	contractual
	<b>npact.</b> Explain efforts that will by the discontinuation.	be made to find alternative employm	ent for full
IV. Termination	<b>Date.</b> Indicate the proposed e	ffective termination date.	
V. Additional In	formation. Provide any additi	onal information needed to support th	e request.
VI. Appeal Proc	ess. For non-voluntary termina	ations, describe any available means o	f appeal.
Submitted by:			
Submitted by:			
Name	 Signature	Date	
APPROVALS:			
Chair:			
	Signature	Date	
Dean:			
	Signature	Date	
Senior Vice President	dent for Academic Affairs and	Provost:	
	Signature	 Date	