# Text, logo Description automatically generatedINSTITUTE/CENTER NAME CHANGE REQUEST FORM

Institutes and centers are entities established to coordinate research, service, and/or educational/training activities that supplement and extend existing instruction, research, and service. It is the responsibility of any college within which a given institute or center is organizationally located to provide oversight for the daily activities of the institute or center. As per [USF Policy 10-063](https://usf.app.box.com/v/usfpolicy10-063), Deans will ensure that institutes and centers, like all other academic and administrative units, are conducting their daily activities in accordance with USF policies and procedures with respect to financial operations, personnel actions, agreements with outside entities, and faculty activity reporting including outside activity and conflict of interest.

*To change the name of an academic affairs/student success office/unit, please use the* [*Non-College Organizational Unit Name Change Request Form*](https://usf.box.com/s/liog7brwzgwf8hyi2uifxyo50to6rg8a)*. To change the name of college, department, or school, please use the* [*College/Department/School Name Change Request Form*](https://usf.box.com/s/wdo9yjm07ivfvb1jmmmipuq0if79qpgs)*.*

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| **Name of College where Institute/Center is housed** |  | |
| **Name of Department/School (if applicable)** |  | |
| **Name of Existing Institute/Center** |  | |
| **Proposed Institute/Center Name** |  | |
| **Campus(es) on which the Institute/Center is located** | Tampa | St. Petersburg |
| Sarasota-Manatee | USF Health |
| **Proposed Implementation Term (e.g., Fall 2024)** |  | |

Please respond to the following questions:

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| 1. Provide a brief justification, highlighting the benefits to the University, for the proposed change. |
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| 1. How does the proposed name change align with the University’s strategic plan? How does the name change align with the college’s strategic plan and the institute/center’s existing mission? |
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| 1. If applicable, how will the proposed change impact the institute/center’s curricular offerings? |
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| 1. Provide an estimate of the expected costs for the proposed change. |
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| Name of Proposer | | |
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| Name of College | Name of Department/School | |
|  | |  |
| Signature of Proposer | | Date |

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| --- | --- | --- |
|  |  | |
| Name of Institute/Center Director | Title of Institute/Center Director | |
|  | | |
| Name of Institute/Center | | |
|  | |  |
| Signature of Institute/Center Director | | Date |

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| --- | --- | --- |
|  |  | |
| Name of Department Chair/School Director | Title of Department Chair/School Director | |
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| Name of Department/School | | |
|  | |  |
| Signature of Department Chair/School Director | | Date |

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| Name of Associate Dean for Research | |
|  |  |
| Signature of Associate Dean for Research | Date |

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| *Signatures from the Regional Vice Chancellor for the St. Petersburg campus or Sarasota-Manatee campus may be required.* | |
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| Signature of Regional Vice Chancellor of Academic Affairs and Vice Provost – St. Petersburg campus | Date |
|  |  |
| Signature of Regional Vice Chancellor and Vice Provost for Academic Affairs and Student Success – Sarasota-Manatee campus | Date |

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| *Note: If the proposal is not supported to move forward by the Dean, the Dean will communicate directly with the Department/School.* | | |
| **I support this proposal** | **I do not support this proposal** | |
|  | | |
| Name of College Dean | | |
|  | |  |
| Signature of College Dean | | Date |

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| --- | --- | --- |
| **I support this proposal** | **I do not support this proposal** | |
|  | |  |
| Signature of Provost and Executive Vice President of Academic Affairs | | Date |
| **I support this proposal** | **I do not support this proposal** | |
|  | |  |
| Signature of Senior Vice President for USF Health | | Date |