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|  | **Institutional Effectiveness in the Office of Decision Support**  **USF Institute and Center  Request for Termination Form** |

**Terminating an Institute or Center**

Florida Board of Governors (BOG) regulation 10.015 *Institutes and Centers* requires official notice from the host university to the Office of Academic and Student Affairs office when an institute or center is being disbanded. To comply with this requirement, any USF institute or center disbanding must submit this form with the following information to Institutional Effectiveness (IE) in the Office of Decision Support.

1. Completed termination form ***excluding required signatures***
2. Documentation of budget and expenses for the termination year (must show a zero balance)

An electronic WORD version (no PDFs) of the completed termination request form (excluding required signatures) must be submitted to Dr. Gibbons at [revaclav@usf.edu](mailto:revaclav@usf.edu). (For questions, call 941/359-4505.)

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| **INSTITUTE OR CENTER INFORMATON** | **TYPED RESPONSES** |
| **Institute or Center Name:** |  |
| [**I/C Key Code**](https://www.usf.edu/ods/accreditation/institutes-centers.aspx)**:** |  |
| **Is this Institute or Center funded by the Legislature?** |  |
| **USF campus (Tampa, St. Petersburg, Sarasota-Manatee, or Multi-campus (specify which two campuses or use “All”” if all three):** |  |
| **College/Division:** |  |
| **Department/School:** |  |
| **Director/Contact (provide USF titles):** |  |
| **Phone:**  **Email:** |  |
| **Closing Date:** |  |
| **Year Established:** |  |

**In a succinct, thorough response, please provide the following information:**

1. Mission and goals of the Institute or Center.

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1. Brief narrative of the activities of the Institute or Center during its operation in relation to the stated mission/goals.

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1. Narrative of the budget allocations and expenditures for the last year.

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1. Statement indicating the reason for the request to terminate this Institute or Center.

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1. Name and contact information for the individual who will be responsible for ensuring the final fiscal and annual reporting requirements are met.

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**Approvals for Center/Institute Termination**

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| **Termination Request APPROVAL for the: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Termination Approvals** | **Name** | **Signature** | **Date** |
| **Institute/Center Director** |  |  |  |
| **Department Chair**  *(if applicable)* |  |  |  |
| **College Dean** |  |  |  |
| **Regional Chancellor**  *(if applicable)* |  |  |  |
| **Institutional Effectiveness** | Dr. Rebecca Gibbons |  |  |
| **SACSCOC Liaison** | Dr. Christopher Combie |  |  |
| **Resource Management and Analysis** | Nick Setteducato |  |  |
| **VP, Research**  *(For University-level ORU only)* | Dr. Sylvia Thomas |  |  |
| **Sr. VP, USF Health**  *(if applicable)* | Dr. Charles Lockwood |  |  |
| **Vice Provost, Strategic Planning, Performance, & Accountability** | Dr. Theresa Chisolm |  |  |
| **Provost and Executive Vice President** | Dr. Ralph Wilcox |  |  |
| **President** | President Rhea Law |  |  |