FORM H BOARD OF REGENTS INSTITUTIONAL PROCESS TO REQUEST ELIMINATION OF CENTERS OR INSTITUTES

| Institution: | |
|-------------------------------|--|
| Name of center or institute: | |
| Proposed implementation date: | |
| Date submitted: | |
| Dall | e submitted. |
| • | Briefly describe the center or institute. |
| • | Provide a brief rationale for the request to terminate the unit. |
| • | Describe how the responsibilities of the unit will be accommodated (if applicable). |
| • | Describe the effect on costs of eliminating the center or institute e.g., cost savings, etc. |
| • | What is the anticipated impact on other units? On faculty, staff and/or students? |
| • | Provide any other information that might be helpful to the Board of Regents in considering this request. |