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: _________________________________________________________

• 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.