Contact Information: Click or tap here to enter text.

Name of Center/ Institute: Click or tap here to enter text.

Name of Director: Click or tap here to enter text.

Campus Address: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Guidelines:

Attach responses to items 1 - 5 below.

1. **Rationale for Termination.** Explain in detail the reasons for the request to discontinue this center or institute, referring to reasons to terminate listed in POL-AA2100.01.
2. **Contractual Obligations.** Explain how an orderly termination or transfer of contractual obligations will be handled during the "phase-out" period.
3. **Employee Impact.** Explain efforts that will be made to find alternative employment for full time staff affected by the discontinuation.
4. **Termination Date.** Indicate the proposed effective termination date.
5. **Additional Information.** Provide any additional information needed to support the request.

Submitted by:

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Name Signature Date