



# Centers & Institutes Closure, Redirection, or Name Change Form

Date: \_\_\_\_\_

Name of Center/Institute: \_\_\_\_\_

Director: \_\_\_\_\_

## Instructions:

Provide today's date, name of center or institute, and name of director; check the appropriate box for the desired action (closure, mission change, name change) and attach any necessary documentation; **consult with the SGSR to determine which signatures are required**; secure required signatures; return completed form to SGSR.

## Desired Action(s):

- Center/Institute Closure (attach approx. 1-page summary of rationale for closure)
- Redirection of Center/Institute Mission (attach current mission, proposed new mission, and rationale for change)
- Center/Institute Name Change (attach current name, proposed new name, and rationale for change)

## SIGNATURES (checked ones are required):

Required \_\_\_\_\_  
 Date \_\_\_\_\_ Center/Institute Director(s)  
Support proposed action: \_\_\_\_ yea; \_\_\_\_ nay

\_\_\_\_\_ Date \_\_\_\_\_ Department Chair  
Department vote: \_\_\_\_\_ # yea; \_\_\_\_\_ # nay; \_\_\_\_\_ # abstain



- \_\_\_\_\_  
Date                      College Dean  
Support proposed action: \_\_\_\_yea; \_\_\_\_nay
  
- \_\_\_\_\_  
Date                      School of Graduate Studies and Research  
Support proposed action: \_\_\_\_yea; \_\_\_\_nay
  
- \_\_\_\_\_  
Date                      Provost and Vice President for Academic Affairs  
Support proposed action: \_\_\_\_yea; \_\_\_\_nay
  
- \_\_\_\_\_  
Date                      Vice President for Student Affairs  
Support proposed action: \_\_\_\_yea; \_\_\_\_nay
  
- \_\_\_\_\_  
Date                      President  
Support proposed action: \_\_\_\_yea; \_\_\_\_nay

**LAST ONE PLEASE RETURN TO:** Hilliary Creely (hcreely@iup.edu)