ORGANIZATIONAL UNIT ELIMINATION FORM

DIRECTIONS: Use this form when proposing to eliminate an organizational unit, center, institute, department, school, or college.

DATE OF REQUEST:_____________ Date of AAC Approval: 

INSTITUTION: ____________________________ Date of Board Approval: 

ORGANIZATIONAL UNIT TO BE ELIMINATED: 

EFFECTIVE DATE OF ELIMINATION: 

A. Reason for proposed elimination of the organizational unit

B. Specify plan to phase out the organization unit, including description of how the needs of currently enrolled students will be met

C. Impact of organizational unit closure on faculty and staff, and related academic programs

D. Description of the process of notifying other institutions regarding impact of organizational unit closure on transfer and articulation

Please attach any supporting documentation (i.e. support letters from community, industry).