Center/Institute Disbandment Form  
Florida International University

Center/Institute Name: ___________________________________________________

Key Code: __________________________________________________________________________

1. Provide a narrative rationale for the request to disband the center/institute.

2. Indicate the extent to which the proposed disbandment will have impacts on the University’s finances, the local and regional economy and economic development, the reallocation of resources/assets, and graduate and undergraduate students completing their degrees, theses, or dissertations.

3. Please provide an explanation of how affected staff, faculty, and students will be accommodated. What steps have been taken to inform faculty, staff, and students of the intent to disband the center/institute?

4. Also indicate the plan for the disbursement of Center/Institute assets and the rationale for the distribution.

5. Provide the fiscal data for the institute/center for the final fiscal year during which the institute/center operated. Those data should include E&G and positions in FTE, Contracts and Grants and positions in FTE, Fees for Services and positions in FTE, Private and Other and positions in FTE, and Total Actual Expenditures in dollars and positions in FTE.
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___________________________________________________
Signature of Requestor/Initiator Date

___________________________________________________
Signature of Dean(s) Date

___________________________________________________
Signature of Vice President for Research Date

___________________________________________________
Signature of the Provost Date