

# Request to Modify or Dissolve a University-Recognized Center or Institute

Name of Center or Institute:

Director:

Date submitted:

Request:

Modify

Dissolve as a University-Recognized Center or Institute

Justification:

**APPROVAL:**

\_\_\_\_\_  
Signature of University Official (person to whom the center or institute director reports)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name and title of University Official

\_\_\_\_\_  
Signature of Vice President for Research & Innovation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Vice President for Research & Innovation

This form will be filed in the Office of Research & Innovation (OR&I).