FLORIDA ATLANTIC UNIVERSITY

Institutes & Centers Termination Form

In accordance with Florida Board of Governors (BOG) Regulation 10.015, an Institutes and Centers Termination Form is required to terminate all University Institutes and Centers. When all items have been completed below, please submit this form and supporting documentation to Patrice Cochran, Division of Research, Student Support Services Bldg., SU 80, Suite 227. Be advised that Institutes and Centers will remain in an active status and are subject to the required annual report(s) until this form has been submitted to the Division of Research. If an Institute or Center is terminated during a fiscal year, an annual report is required for the portion of the year in which it was active.

INSTITUTE/CENTER INFORMATION

Institute/Center	Name:										
Director's Name	:				Telephone:		Ema	ail:			
College/Departn	nent/Division				Termination D	ate:					
										YES	NO
Was the Institute or Center created by the Legislature?											
Does the Institute or Center receive a specific appropriation from the Legislature?											
Was the legislative intent achieved? (if applicable, attach documentation indicating that legislative intent was met and the Institute or center is no longer required.)											
Did the Institute or Center obtain any physical assets? If yes, were they properly disposed? (attach a copy of the disposition documentation.)									e 🗆		
Were all banner accounts properly closed so that no additional expenditures can be posted?											
List all Banner accounts associated with your Institute/Center below.											
OTHER (provide any additional information deemed percentation (for this action):											
OTHER (provide any additional information deemed necessary for this action):											
Prepared by:				Date:		Telephone:					
Director's Signature:				Date:			·				
Dean's Signature:			Date:								
			Divisio	n of Res	earch Use On	ly					
Processed by:	y: Date Received:					Date Provost's Office Notified:					
Notes: Date BOG Notified:											
Date BOG Accepted:											
Confirmations se	ent to:					·					
AVP:		Research Accounting:			Director:		Dean's Office:				