

## NSHE PROPOSAL FOR ELIMINATION OF ORGANIZATIONAL UNIT

Campus \_\_\_\_\_

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

1. Title of organizational unit to be eliminated

2. Reason for proposed elimination of the organizational

3. If the plan to phase out the organizational unit will impact enrolled students, include description of how enrolled students' needs will be met

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

Date approved by Academic Affairs Council \_\_\_\_\_