

CU Name:

Appendix D: CU Suspension or Discontinuation Application

CU SUSPENSION OR DISCONTINUATION

CU Name:

Select the type of application:

- Suspension Application
- Discontinuation Application

Why are you seeking a suspension or discontinuation of the CU? Check all boxes that apply:

- Lack of relevance of the existing CU to the mission of Chico State, the CSU, the North State, and/or other key stakeholders.
- Mission, Goals, and Objectives have not been or likely will not be fulfilled.
- Repetition/Duplication of Mission, Goals, or Services of other CUs or Units.
- Lack of Personnel Needed for CU to Properly Function:
- Lack of Funding, Space, or Equipment Needed for CU to Properly Function:
- CU Risks are Too Significant:
- Other (Explain):

Please explain in detail the reasons for why you are requesting a suspension or discontinuation. If you are requesting a suspension, you must provide a detailed account of how, when, and on what basis you propose to reactivate the CU:

Complementary Unit (CU) Suspension or Discontinuation Application

CU Name:

Provide a proposed timeline for suspending or dissolving CU:

Name and Title of the Person Completing this Form:

Signature:

Date:

Name and Title of Proposed CU Director (if applicable):

Signature:

Date:

Name and Title of Responsible Administrator:

Signature:

Date: