Appendix D: CU Suspension or Dissolution Application

CU Name:

Select the type of application:
☐ Suspension Application
☐ Dissolution Application

Why are you seeking a suspension or dissolution 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 dissolution. 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 Dissolution 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: