



Centers & Institutes CHANGE REQUEST

NAME OF Center or Institute: _____

TYPE OF CHANGE (select all that applies), attach separate document for explanation:

Center / Institute Name Change

from _____

to _____

Leadership Change

from _____

to _____

Reorganization

Discontinue existing Center / Institute

Other Change: _____

We have reviewed and approved the attached documentation for the requested change.

Name of Dean (or AVP/Appropriate Administrator)
{Type in College / Unit Name}

Signature

Date

Associate Vice President
Office of Research and Sponsored Programs

Signature

Date

Vice President
{Type in Cabinet Name}

Signature

Date

President
San Francisco State University

Signature

Date

Effective Date (ORSP Internal Use Only): _____