

Notice of Request to close a Centre

Reason for Recommending Closure of Centre	(drop-down list of options: end of term; insufficient funding; strategic realignment, etc..)
Name of Proponent:	
Title of Proponent:	
Name of Centre:	
Date of Establishment:	
Anticipated Date of Closure:	
Date of Request:	

1. Reason for Closure

Please elaborate on the rationale for recommending closure.

2. Overview of Consultation prior to Recommendation

Please identify the internal and external stakeholders consulted prior to making the recommendation for closure. Provide a summary of input received.

3. Implementation Plan for Closure

Please identify communications considerations, HR actions, financial considerations and timelines for closure.

To be Completed by Planning and Budget Committee:

Date of Review:	
Comments:	