

Instructions for the Request to Repeal a Regulation Form

Use the form below to request a USF System or USF Regulation be repealed. Please use Times New Roman in 12 pt. font size. You are not limited to the spacing that appears on the form.

After review by the appropriate university offices, the Request to Repeal a Regulation Form should be sent via email (either as a Word document attachment or an Adobe PDF attachment) to regulationspolicies@usf.edu. There should be clear indication in the transmittal that this form has been reviewed and approved by its responsible office. This form will be accepted only through electronic submission.

Please note that prior to December 1, 2015, Regulations and Policies have subject lines.

All new Regulations and Policies after December 1, 2015 have a title only.

Please refer to [Policy 0-001 Regulation and Policy Development](#) for more information.

Request to Repeal a Regulation Form

Regulation Number: _____

Regulation Title/Subject: _____

Responsible Office: _____

Responsible Executive: _____

ISSUE:

Repeal of USF System/USF Regulation _____ (Number & Title/Subject)

PROPOSED ACTION:

Approve repeal of USF System/USF Regulation _____ (Number & Title/Subject)

BACKGROUND INFORMATION:

(State reason for repealing Regulation):

FINANCIAL IMPACT (if applicable):

STRATEGIC GOAL(S) ITEM SUPPORTS:

[USF System Strategic Plan 2013-2018](#) Goal(s) (provide goal #)

Goals 1-4:

1. Well-educated and highly skilled global citizens through our continuing commitment to student success
 2. High-impact research and innovation to change lives, improve health, and foster sustainable development and positive societal change
 3. A highly effective, major economic engine, creating new partnerships to build a strong and sustainable future for Florida in the global economy
 4. Sound financial management to establish a strong and sustainable economic base in support of USF's continued academic advancement
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PROJECTED REVIEW DATES:

(Name of Advisory Council) Advisory Council Review (Date of Advisory Council Meeting)

(Name of Committee) Committee Review (Date of Committee Meeting)

BOT Meeting/Review (Date of the BOT Meeting)

APPROVED BY: (provide name and title of Vice President or other Responsible Officer who reviewed and approved repeal)
