Instructions for the
Request to Repeal a Regulation Form

Use the form below to request a USF Regulation be repealed.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: ________________________________
Responsible Office: ________________________________
Responsible Executive: ________________________________

ISSUE:
Repeal of USF Regulation ____________________________________________ (Number & Title)

PROPOSED ACTION:
Approve repeal of USF Regulation ____________________________________________ (Number & Title)

BACKGROUND INFORMATION:
(State reason for repealing Regulation):

FINANCIAL IMPACT (if applicable):

STRATEGIC GOAL(S) ITEM SUPPORTS:
USF 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

PROJECTED REVIEW DATES:
(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)