Office of Research, Economic & Community Development

Centers & Institutes Annual Renewal Request Form (For open-ended questions, please attach extra pages as necessary)

DIRECTOR/LEAD CONTACT RESPONSIBLE FOR THE CENTER/INSTITUTE'S OPERATIONS

Last Nama	First		NA I	Doto
Last Name	First		M.I.	Date
Department		Title		
Ext.	Alt. Phone		Email	
CENTER/INSTITUTE INFORMATION				
Name			Expiration Date	
Provide a summary of the activities of the Center/Institute during the previous annual period:				
List Institutional/Externally funded grants and contracts awarded to the HSU Sponsored Programs Foundation for the work of the Center/Institute:				
List participants, publications, creative projects, courses taught, etc:				
SIGNATURE OF CENTER/INSTITUTE DIRECTOR				
Print Name				
Signature			Date	
Please return to SBS 427				