



## Centers & Institutes Five-Year Renewal Request Form

(For open-ended questions, please attach extra pages as necessary)

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