Ancillary Unit Annual Report

Deadline: October 30th

This report is required by FAM 105.4 -- POLICY GUIDELINES FOR THE FORMATION AND REVIEW OF INSTITUTES AND CENTERS. The report is due by October 30th of each year. **Please make sure to sign and forward scanned signed copies of the report. Thank you.

	Basic Information
Ancillary Unit's name	
Director(s)	
Administrator to	
whom the unit reports	
Purpose and current	
goals (as approved by	
Faculty Senate)	

Adviso	ry Board
Member	Affiliation

Activities during previous academic year (20 - 20)		
Activity (please describe)	Funds spent	Goal advanced (and extent)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

		Use of funds		
	Internal funds		External funds	
	Previous	Current	Previous	Current
	academic year	academic year	academic year	academic year
		(projected)		(projected)
A. Salaries	\$	\$	\$	\$
B. Assigned time	\$	\$	\$	\$
C. Telephone/fax	\$	\$	\$	\$
D. Office supplies	\$	\$	\$	\$
E. Other	\$	\$	\$	\$
Total	\$	\$	\$	\$
On a separate sheet, please itemize A., B., and E.				

Please also describe planned activities for the current academic year:

Director Signature	(Co-)Director Signature	
Unit Reporting Person recommendation		
Name and title:		
Keep on active status.		
Move to probationary status.		
Move to inactive status.		
Recommendations and comments inc additional page(s) as necessary:	eluding the criteria and data reviewed. Please attach	

ommendation (Only after 3 or 5
and data reviewed. Please attach

CCI Chair Signature	Date
Provost recommendation (O	nly after 3 or 5 year review)
Keep on active status.	
Move to probationary status.	
Move to inactive status.	
Recommendations and comments including the additional page(s) as necessary:	he criteria and data reviewed. Please attach

r 3 or 5 year review)
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iteria and data reviewed. Please attach