Ancillary Unit Annual Report

Deadline: October 30th

This report is required by <u>FAM 570 (FSD 87-17.R5) -- POLICY GUIDELINES FOR</u> <u>THE FORMATION AND REVIEW OF INSTITUTES AND CENTERS</u>. 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) | |

| Advisory 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 Pers | son recommendation | |
| Name and title: | | |
| Keep on active status. | | |
| Move to probationary status. | | |
| Move to inactive status. | | |
| Recommendations and comments including to additional page(s) as necessary: | the criteria and data reviewed. Please attach | |
| Unit Reporting Person Signature | Date | |
| year r | nittee recommendation (Only after 3 or 5 review) | |
| Keep on active status. | | |
| Move to probationary status. | | |
| Move to inactive status. Recommendations and comments including t | | |
| | | |
| EPRC Chair Signature | Date | |
| Provost recommendation (O | Only after 3 or 5 year review) | |
| Keep on active status. | | |
| Move to probationary status. | | |
| Move to inactive status. | | |
| Recommendations and comments including to additional page(s) as necessary: | the criteria and data reviewed. Please attach | |
| | | |
| Provost Signature | Date | |
| President decision (Only | Date vafter 3 or 5 year review) | |
| President decision (Only Keep on active status. | | |
| President decision (Only Keep on active status. Move to probationary status. | | |
| President decision (Only Keep on active status. Move to probationary status. Move to inactive status. | after 3 or 5 year review) | |
| President decision (Only Keep on active status. Move to probationary status. | after 3 or 5 year review) | |