



CENTER/INSTITUTE APPLICATION FORM

Proposed Center Name: _____

Director: _____

Center Mission and Vision:

Goals and Objectives:

Evaluation Criteria:



Governance Structure:

List of Participating Faculty:

(attach list as needed)

Name	Position <i>(including rank)</i>	Department(s)/ School(s)

Space and Facilities Requirements:

Funding/Budget:



Endorsements

Please include signatures of approval below or append letters/emails of approval from appropriate Dept. Head(s), and Dean(s). If the Center will be associated with an established Center or Institute, include an endorsement from the existing Center/Institute Director. If space assignment is involved, approval from the head of the unit responsible for the space is essential.

Department _____

Dept. Head Name _____

Dept. Head Signature _____

Date _____

School _____

Dean Name _____

Dean Signature _____

Date _____

Center/Institute (if applicable) _____

Director Name _____

Director Signature _____

Date _____