

**SONOMA STATE UNIVERSITY**  
**Office of Research & Sponsored Programs**  
**Centers & Institutes Seven-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 financial report (sources of income, budget & expenditure information) of the Center/Institute during the previous seven year period:	
List Institutional/Externally funded grants and contracts awarded to SSU for the work of the Center/Institute:	
List participants, activities, publications, creative projects, courses taught, etc:	

SIGNATURE OF CENTER/INSTITUTE DIRECTOR	
Print Name	
Signature	Date
<b>**Please return to Arcelia Sandoval, Compliance Officer, ORSP, by email <a href="mailto:arcelia.sandoval@sonoma.edu">arcelia.sandoval@sonoma.edu</a> **</b>	