



## Annual Report for a Center, Institute, or Bureau

Name of Center, Institute, or Bureau: \_\_\_\_\_

Year Established: \_\_\_\_\_

Year Approved by State Board of Regents (if applicable): \_\_\_\_\_

Date of Last Review: \_\_\_\_\_

Please attach a separate document that provides the following:

1. CIB's current membership and reporting structure, noting any changes made within the last year.
2. Unit's relationship with the academic mission of the University. Include summary of recent curricular review by curriculum committee and/or equivalent body.
3. Brief statement of center/institute/bureau's mission and major goals.
4. A list and brief description of key accomplishments, activities conducted, or products developed during the past year as related to the CIB's mission and goals.
5. Brief description of funding and financial information.
6. Any problems or concerns the CIB is currently facing

Requesting further review or consultation:  Yes  No

Printed Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_  
Center Administrator                      Cognizant Dean or Vice President or President

Date: \_\_\_\_\_

Department chair has been copied (if applicable).

Submit this document and appropriate support materials to: **CIB Review Coordinator at the Graduate School**

Office: (801) 585-5529 \* FAX (801) 585-6749

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