SCJ Centers and Institutes Renewal Form (January 2022)
Please refer to Rutgers University Centers and Institutes policy, Section 10.1.5

CHECK ONE: □ CENTER □ INSTITUTE

CI NAME: _____________________________________________

DIRECTOR(S) NAME: _______________________________________

PHONE #: ____________________ EMAIL: __________________________

Date of CI inception or last renewal (CIs are evaluated at least every five years) __________________________

ACCOMPLISHMENTS: Since last review or inception (if CI is less than five years old). These data should suit the mission of the CI and may include, but are not limited to, publications and citation indices, elected memberships in academies, national and international prizes, symposium invitations and honorary lectureships, individual and multi-investigator grants, or infrastructure and equipment grants.

PURPOSE & MISSION: Describe any change in purpose and mission since last review or proposed for the next five years. N/A □

FUTURE GOALS AND EXPECTATIONS: Describe the goals and expectations for the next five years. Indicate the specific criteria against which the CI’s performance will be evaluated at its next review.

PROGRAM DESCRIPTION: Describe any changes in the planned research, teaching, outreach, and activities of the CI, target audiences, and timeline for implementation: □ N/A

PROPOSED ACTIVITIES: Describe any research, teaching, and/or outreach planned for the next five years: □ N/A

PUBLIC/PRIVATE PARTNERSHIPS: Describe any public/private partnerships currently in place and planned for the next five years. Describe the role these partners play or will play in the CI and the benefits they generate. □ NA
FINANCIAL SUPPORT: Provide a detailed summary of the revenues the CI generated for the SCJ and all expenses the SCJ covered for the CI. Provide a detailed budget for the CI for the next five years. Identify all current and proposed funding sources (include both state and non-state, any F&A return, gifts, etc.) and amounts.

MEMBER PARTICIPATION: Provide a list of participating faculty and staff and their roles/contributions (include member name, department(s) of primary appointment, member title, date of initial membership in CI, date of next evaluation for continued membership in CI, and if appropriate salary allocation between department(s) of appointment, and division of responsibilities between CI and department(s) of appointment.

Describe any change in policies by which new members may join, existing members may be separated voluntarily or involuntarily, and the responsibilities and benefits of membership.

SPACE: Summarize current and anticipated needs for space (e.g., needs for technical or research activities, administrative space, public space, storage, etc.). If there is a need for more space, what plans exist to accommodate this need?

ENDORSEMENTS: Summarize current and anticipated endorsements (e.g., from other RU-N units).

☐ N/A

CI INSTRUCTIONAL ACTIVITY: Describe any current and anticipated instructional programs, for-credit or not for-credit, please indicate the programs and the nature of involvement.

☐ N/A

AUTHORIZED SIGNATURES:

I have read all the relevant Rutgers policies & guidelines pertaining this request to review a Center or Institute. ☐ Yes ☐ No

Director Date

**** OFFICIAL USE ONLY ****

SCJ Faculty Center Committee Comments & Recommendation

Comments:
Recommendation:

Print Name ___________________________ Signature ___________________________ Date ____________

SCJ Dean Comments and Recommendation

Comments

Recommendation

APPROVALS

Note: all Decanal Centers require Chancellor approval

______________________________ Date

Dean

______________________________ Date

Chancellor