

**Stephen F. Austin State University
Recommendation to Establish, Continue, or Dissolve a Center, Institute, Specialized
Testing or Service Laboratory**

Name of Center: _____

Center Director's Name: _____

Submitted by: _____

Academic Dean's/Director's Recommendation:

- Establish the Center for up to five years through fiscal year** _____
- Continue the Center for up to five years through fiscal year** _____
- Dissolve the Center effective fiscal year** _____

Academic Dean's Signature _____ **Date**

Academic Dean's Printed Name

Recommendation Approved by:

Provost/Executive Vice President's Signature _____ **Date**

Provost/Executive Vice President's Printed Name

President's Signature _____ **Date**

President's Printed Name

Recorded by ORGS/ ORGS Dean's Signature _____ **Date**

Please attach the center's proposal for new or continued recognition.