

SERVICE-LEARNING ENHANCEMENT GRANT PROJECT REPORT

INSTRUCTOR'S INFORMATION

Name:	Department:	College:
Office phone:	Email:	Fax:

PROJECT INFORMATION

Project's Title:	
Semester/Year funds awarded:	Completion Date:
If project is not completed, please explain:	

PROJECT DISSEMINATION/PUBLICATION/PUBLICITY

Explain ways in which the project was disseminated or publicized, particularly if submitted for peer-reviewed publication. Feel free to attach news releases, announcements, or other forms of publicity.

SIGNATURE

I acknowledge that the information in this report is accurate and complete. I understand that I may be asked for additional information and documentation by the Faculty Service-Learning Committee in the interest of promoting service-learning and civic engagement at SUU.

Applicant's Signature:	Date:
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