

COLLEGE STAFF DEVELOPMENT FUND

Project Report

Instructions: Please complete the following information and submit it in a timely manner. Incomplete information may restrict further funding for you.

Staff/Faculty Name: _____

1. Name Place and Date(s) of activity – **Please do not use acronyms, but list the full name:**

Event Name: _____

Location: _____

Dates: _____

Incomplete forms or incomplete answers may delay approval by the committee and may be returned for completion.

2. Introduction of the project:

3. What was the impact of the project on your professional development?

4. What is the impact of the project on the fulfillment of WNC's mission?

Staff/Faculty printed name

Staff/Faculty signature

Date

Supervisor printed name

Supervisor Signature

Date