



ST. CLOUD STATE
U N I V E R S I T Y

PROFESSIONAL IMPROVEMENT FUND (PIF) REPORT

(Please complete and submit this report to MSUAASF PIF Committee within thirty (30) days after the completion of the professional improvement activity.)

Name: _____ Date: _____

Professional Improvement Period: _____

Was your proposed activity completed?

☐ Yes

☐ No*

**If no, how were your plans altered?*

How will the knowledge gained and/or the skills acquired be utilized in your job?