FACULTY PROFESSIONAL DEVELOPMENT FINAL REPORT

Prepare and submit within two months of completion of grant or leave.

DATE: _______________________________

TO: Office of Sponsored Programs AS 210

FROM: _______________________________

RE: □ Short-Term Faculty Improvement Grant
    □ Long-Term Faculty Improvement Grant

Date(s) of activity: ________________________________

Amount Awarded: ________________________________

I. Provide a brief summary of the leave, study, or grant activity:

II. Achievements (complete only those that apply)
    • Institution attended and dates
    • Degree(s) awarded
    • Credits earned
    • Examination(s) passed
    • Thesis, dissertation, or research completed
    • Publication(s) submitted
    • Report(s) or presentation(s) made (i.e. sabbatical leave presentation)
III. Assess the value of the grant award or leave:

IV. Suggestions for possible improvements in the St. Cloud State University policies and procedures with regard to professional development programs: