

# **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