Final Report on High-Impact Practices Grant

Email the completed form to wctl@utc.edu.

Primary Recipient Name: _____

Grant Project Title: _____

Department: _____ Email: _____

Please attach name and contact information for additional grant members, if applicable.

1. Describe the activities and assessments that were completed for this project. Were there any planned activities/assessments described in your proposal that you were unable to accomplish? Please explain. Attach any relevant supporting information such as a newly developed syllabus or assessment tool.

2. Were the student learning outcomes, as outlined in your proposal, met as result of your project? Include assessment data as described in your proposal.

3. List all expenditures for this project.

4. Were there any project personnel changes (different from proposal)? If yes, please explain.

_____

Primary Recipient Signature   Date