Central Connecticut State University
GRANTS & FUNDED RESEARCH

Internal Grant Final Report Form

PRIMARY APPLICANT NAME	
TITLE OF PROPOSAL	
YEAR OF AWARD	
Faculty Co-Applicant(s)	
Student Co-Applicant(s)	

TYPE OF GRANT (check one)

- ☐ Full-Time Faculty Development
- ☐ Part-Time Faculty Development
- ☐ University Research
- ☐ Faculty – Student Research
- ☐ Curriculum Development

Amount Awarded $ _____ **Amount Expended** $ _____

How many CCSU students were involved in the activities covered by this award? **UG** _____ **Grad** _____

Approximately what proportion of the total award funded student activity? _____ %

Grant Activities: Give a brief summary of the major activities conducted and the time frame in which they were performed.

Outcomes: Describe how the grant activities contributed to the quality of your teaching, learning and scholarship, and how these activities will benefit the University.

Budget Summary: Briefly explain how the funds were spent.

Submit report to grants@ccsu.edu no later than 30 days after the grant end date.