**SHORT COURSE, WORKSHOP AND SYMPOSIUM FUNDING PROGRAM**

**Final Report**

Please complete and submit this report via email to [csucoast@csumb.edu](mailto:csucoast@csumb.edu) within 60 days of the short course, workshop or symposium (SC/WKSHP/SYM). **Please include a copy of the agenda with the completed report.**

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| **Principal Investigator:** | | | | | |
| Name: |  | | |  | |
| Telephone: |  | | |
| Email: |  | | |
| Department: |  | | |
| Campus: |  | | |
| **Co-Principal Investigator** (cut and paste this section for additional co-PIs): | | | | | |
| Name: |  | | |  | |
| Telephone: |  | | |
| Email: |  | | |
| Department: |  | | |
| Campus: |  | | |
| **Short Course/Workshop/Symposium:** | | | | | |
| **Title:** |  | | | | |
|  | | | | | |
| **Date(s):** |  |  | **Location:** | |  |

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| **Award Number:** |  |  | **Award Amount:** |  |

1. **Please list all SC/WKSHP/SYM attendees’ names, professional affiliations and current positions/titles (add more rows if needed or attach a separate sheet).**

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| --- | --- | --- |
| **Name** | **Professional Affiliation (Institution, organization, agency, etc.)** | **Position/Title** |
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1. **Has all award funding been spent? Please provide below or attach a line item budget showing how funds were spent and including any matching funds if provided.**

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1. **Did the SC/WKSHP/SYM yield significant potential for future collaborations or outcomes such as future meetings, submission of a manuscript, or development of a proposal for extramural funding? Please describe.**

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1. **Please provide a statement on how COAST support made it possible for the SC/WKSHP/SYM to take place.**

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**Please include a copy of the agenda with the completed report.**