**Short Course, Workshop and Symposia Funding Program**

**AY 2018-19**

**Final Report**

Please complete and submit this report via email to 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.**

|  |
| --- |
| **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:** |  |

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

Report template continues on next page.

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).**

|  |  |  |
| --- | --- | --- |
| **Name** | **Professional Affiliation (Institution, organization, agency, etc.)** | **Position/Title**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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.**

|  |
| --- |
|  |

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.**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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