

Faculty Evaluation and Development (FEAD) Grant EVALUATION OF ACTIVITY

Name:	Date:
Department:	
Date(s) of funded activity:	
briefly evaluate the activity in writing within or	ects have been funded by FEAD grants are required to ne academic semester upon completion of the ted to the Office of the Associate Vice President for
Please provide a <i>brief</i> summary of profession	al development activities supported by your FEAD grant.

Return report to: Todd Pagano (tepnts@rit.edu) within one semester of the date(s) of the funded activity, above.