

## SSETFPROJECTOUTCOME REPORT

BUDGET & RISK MANAGEMENT

Finance | One Washington Square | San Jose, CA | 9519220 4 | 408-924-1588/Fax: 408-924-1892

Instructions: Complete form, attaching additional files or documentation as necessary, then obtain Dean/AVP digital signature (click here for instructions). Please include a copy of original funding request submitted during year of initial funding. Once complete, please e-mail form to <a href="mailto:bradley.olin@sjsu.edu">bradley.olin@sjsu.edu</a>. Keep a copyof the form for your records. As a reminder, your unit may be invited to deliver a brief presentation to the Campus Fee Advisory Committee highlighting accomplishments.

3 3 3 3					
ProjectInformation					
Title of Drojects			Commitment		
Title of Project:					
Division:			Base Funds(Yes/No):		
College/Department:			Dept. ID:		
Contact Person:			Phone:		
Year Funds Awarded:			Funds Awarded: \$		
Dean/AVP Approval (digital signature):	Dean/AVP Name & Title :				
Project Priority Project Priority					
Please select applicable c	eatenories				
Student Success Serv	-	☐Academic Technology	21st Century Teaching Spaces	Retention & Graduation	
Graduation Pathways	1003 G	Thousaning realinates,	21 Contary rodoming opacies	Retormorr & Gradaus	
ProjectUpdate					
Project Completed	Yes	No			
Were all Funds Spent:	Yes	No			
Please provide an overview of the project					

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## **PROJECTOBSERVATIONS**

Project Accomplishments & Outcomes to Date:				
Provide detailed future plans for project:				
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