SJSU SAN JOSÉ STATE UNIVERSITY	SSETF PROJECT OUTCOME REPORT	
-)	BUDGET & RISK MANAGEMENT	
Finance One Washington Square San Jose, C	CA 95192-0004 408-924-1588/Fax: 408-924-1892	

Instructions: Complete form, attaching additional files or documentation as necessary, then obtain Dean/AVP digital signature (<u>click here</u> for instructions). Please include a copy of original funding request submitted during year of initial funding. Once complete, please e-mail form to <u>bradley.olin@sjsu.edu</u>. Keep a copy of 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.

PROJECT INFORMATION					
Title of Project:			Commitment Number:		
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					
Please select applicable ca □Student Success Servic Graduation Pathways	-	□Academic Technology		□Retention & Graduation	
Project Update					
Project Completed	□Yes				
Were all Funds Spent:	□Yes	□No			
Please provide an overvio	ew of the p	roject:			

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