

New York State/Graduate Student Employees Union Professional Development Program Evaluation

This Evaluation must be submitted within 30 days after completion of the project or activity funded with the Professional Development Program funds. Failure to submit the Evaluation may result in not being considered for Professional Development Program funds in the future. After filling out this application form, print, sign and submit it as directed at the bottom of the form.

Award Period: _____ to _____

Part A: Applicant Information

1. Name _____
Last First MI

2. Mailing Address _____
Street Apartment/Unit #

City State Zip Code

3. Phone No. (Work) _____ (Other) _____

4. Work Address _____

5. Email _____

6. Account Number _____ Employee Number _____

7. Academic Department/Program _____

8. Assistantship Type: Teaching Assistant Graduate Assistant No. of Hours _____

Part B: Project / Activity Information

1. Date of project or activity: from _____ to _____
mo. / date / yr. mo. / date / yr.

2. Please check the category for which funds were awarded:
- | | |
|---|--|
| <input type="checkbox"/> Research (basic, applied, historical) | <input type="checkbox"/> Internship |
| <input type="checkbox"/> Curriculum or instructional material development | <input type="checkbox"/> Course work |
| <input type="checkbox"/> Workshop or seminar attendance | <input type="checkbox"/> Artistic or creative endeavor |
| <input type="checkbox"/> Conference attendance (without a formal role) | <input type="checkbox"/> Preparation of material for publication |
| <input type="checkbox"/> Conference participation: | <input type="checkbox"/> Grant proposal development |
| <input type="checkbox"/> Presiding | <input type="checkbox"/> Other Specify _____ |
| <input type="checkbox"/> Presenting | |
| <input type="checkbox"/> Other formal role. Specify _____ | |

3. Project or activity title. (List the name of seminar, workshop, etc. if applicable.)

4. Did you complete the project or activity? ____ Yes ____ No

A. If Yes, was your project or activity objective achieved? ____ Yes ____ No

B. Briefly describe how the project or activity contributed to your professional development in 250 words or fewer.

C. If you did not complete your project or activity or achieve your objective, briefly explain why it was not completed or how the objective could have been achieved.

Part C: Expenditure Summary

A. Amount Awarded: _____ Labor-Management Funds _____ Other Sources _____ TOTAL

B. Amount Expended: _____ Labor-Management Funds _____ Other Sources _____ TOTAL

Provide any comments or recommendations pertaining to the Professional Development Program.

Applicant's Signature _____ **Date** _____

Send this Evaluation to: Tina Kaplan
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Email: tina.kaplan@goer.ny.gov

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