

CMIS Space Grant Higher Education Form

February 1, 2005 – January 31, 2006

University : _____

PROJECT NAME: _____

Contact Person: _____

Phone Number () _____

Street _____

City _____ State CA Zip Code _____

Name of sponsor(s) of project if other than affiliate:

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Location of Project Activities:

<input type="checkbox"/>	Nasa Center(s)	<input type="checkbox"/>	Museum/Planetarium(s)
<input type="checkbox"/>	University Campus(es)	<input type="checkbox"/>	Industry or Private sector Facilities
<input type="checkbox"/>	Elementary/Middle/High School	<input type="checkbox"/>	Other
<input type="checkbox"/>	Community Facilities	<input type="checkbox"/>	

Project Status: **Circle ONE** | Developing | Newly Implemented | Continuing | Ending

End date of Project: _____

Please provide a brief description of the project:

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Are evaluation mechanisms in place? | Yes | No

Describe Evaluation Methodology:

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Primary Discipline: _____

(Education, Aerospace, Mechanical Engineering, etc.)

Other Name of Discipline: _____

Secondary Discipline: _____

(Education, Aerospace, Mechanical Engineering, etc.)

Other Name of Discipline: _____

PLEASE TURN OVER FOR REMAINING SECTIONS

Funding and Collaboration Information

Actual Sources of Funding for this reporting period (include cash or non cash). Enter number only:

	CASH (\$)	Non Cash (\$)	TOTAL (\$)
NASA Space Grant			
Other Federal			
Carry over			
Industry			
Lead Institution			
Non Profit Organization			
Academic Affiliates			
State/Local Government			
Participants			
Other			
Totals			
Actual Cost of Project for this reporting period (or contribution if supplement)			
Balance/Difference HAS TO BALANCE OUT TO ZERO			

Please provide reason if no project costs and funding sources listed

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Collaborative efforts: (mark all that apply):

<input type="checkbox"/>	In Same Department	<input type="checkbox"/>	Community College	<input type="checkbox"/>	Non Profit Organizations	<input type="checkbox"/>	Community Partnership
<input type="checkbox"/>	Other Departments in same Institution	<input type="checkbox"/>	K-12 Institution	<input type="checkbox"/>	Underrepresented Organizations	<input type="checkbox"/>	
<input type="checkbox"/>	Other Institution of Higher Education	<input type="checkbox"/>	Teacher Resource Centers	<input type="checkbox"/>	Industry	<input type="checkbox"/>	

Give name of business and type of industry and describe collaboration:

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NASA Installations(s):

<input type="checkbox"/>	Ames Research Center	<input type="checkbox"/>	Johnson Space Center	<input type="checkbox"/>	Marshall Space Flight Center
<input type="checkbox"/>	Dryden Flight Research Center	<input type="checkbox"/>	Kennedy Space Center	<input type="checkbox"/>	Stennis Space Center
<input type="checkbox"/>	Goddard Space Flight Center	<input type="checkbox"/>	Langley Research Center	<input type="checkbox"/>	Wallops
<input type="checkbox"/>	Jet Propulsion Laboratory	<input type="checkbox"/>	Glenn Research Center at Lewis Field	<input type="checkbox"/>	NASA Headquarters

NASA Installation Collaboration:

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NASA Enterprises (mark all that apply):

<input type="checkbox"/>	Human Exploration and the Development of Space	<input type="checkbox"/>	Earth Science
<input type="checkbox"/>	Office of Aero-space Technology	<input type="checkbox"/>	Space Science

List type of Collaboration:

Other Space Grant Programs. Please Specify. (List Consortium and name of program):

Other Federal Government. Please Specify (List Agency name):

Other State Agencies. Please Specify:

Other Collaborations(s). Please Specify:

List type of Collaboration:

Activity and Participant Information

Total dollars dispersed to undergraduate students: \$ _____ Total dollars dispersed to graduate students: \$ _____

Participants (Provide numbers):

	Male not Underrepresented. or disabled	Male Underrepresented (include disabled)	Female not Underrepresented or disabled	Female Underrepresented (include disabled)	Unknown Race/Gender
Faculty					
Post-Doc					
Graduate Student					
Undergraduate					
Administrator					
Research Assist/Tech.					
Other					

Are any kind of recruitment and/or retention strategies for members of underrepresented groups in place? If so, please describe:

PLEASE TURN OVER FOR REMAINING SECTION

CMIS Higher Education - Continued

Student activities (mark all that apply):

<input type="checkbox"/>	Coop/Intern experience	<input type="checkbox"/>	Conferences
<input type="checkbox"/>	Career Guidance	<input type="checkbox"/>	Meetings
<input type="checkbox"/>	Recruitment & retention strategies	<input type="checkbox"/>	Seminars
<input type="checkbox"/>	Undergraduate research experiences	<input type="checkbox"/>	Other

Other Student Support. Please Specify:

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Faculty development activities

<input type="checkbox"/>	Faculty research experiences	<input type="checkbox"/>	Faculty preparation	<input type="checkbox"/>	Faculty enhancement
<input type="checkbox"/>	Conferences	<input type="checkbox"/>	Meetings	<input type="checkbox"/>	Seminars
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

Curriculum and instructional development

<input type="checkbox"/>	Course Outline	<input type="checkbox"/>	Course Revision	<input type="checkbox"/>	Lab	<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Software
<input type="checkbox"/>	Problem Sets	<input type="checkbox"/>	Demonstration/Lab Tour	<input type="checkbox"/>	Video	<input type="checkbox"/>	Book	<input type="checkbox"/>	Other

Institutional development activities

<input type="checkbox"/>	New Major	<input type="checkbox"/>	New Minor or Emphasis	<input type="checkbox"/>	New Center	<input type="checkbox"/>	New Course
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If new course is marked

<input type="checkbox"/>	Gateway	<input type="checkbox"/>	Experimental	<input type="checkbox"/>	Upper Division	<input type="checkbox"/>	Lower Division	<input type="checkbox"/>	Permanent
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Are there any plans for dissemination of education materials, products or activities?

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Did the project exclusively target underrepresented minority and persons with disabilities? If above question checked, mark the group(s) targeted:

<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Persons with Disabilities
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With respect to underrepresented groups, note the level of project participation as Below, At, or Exceeding the population represented in your state:

	Below	At	Exceeding
African American			
Hispanic			
Pacific-Islander			
Native American			
Persons with Disabilities			

Overall Comments:

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