



**MAJOR ACADEMIC YEAR SUPPORT
FINAL REPORT**

(This report must be received within 4 weeks after the project end date.)

Student Name: _____ **Mentor Name:** _____

For each text field, please do not exceed the space provided.

I. TITLE OF PROJECT:

II. NON-TECHNICAL SUMMARY:

III. IMPACT on STUDENT PLANNING and DEVELOPMENT:

IV. IMPACT on FACULTY PROFESSIONAL DEVELOPMENT:

V. PLANS for CONTINUED WORK:

**VI. PROJECT PRESENTED or PAPERS PUBLISHED: (Include name of seminar/
conference/journal/etc., location, date and number of times presented or published)**

VII. WAS CONFERENCE WITHIN the STUDENT'S DISCIPLINE:

VIII. PLANS for ADDITIONAL FUNDING:

IX. FINAL EXPENSE REPORT: (This should reflect the actual expenses. If you indicated “Other” please specify what the money was used for:

	MAYS Final Expenses
A. Student Travel	
B. Faculty Travel	
C. Supplies & Materials	
D. Other	
E. Total Costs (Cells A-D auto-calculated)	

X. COPY of TRAVEL REIMBURSEMENT FORM, if applicable

For Office Use Only:	
If budget was underspent, were excess funds requested and returned to URCA?	