**Higher Education Project – Final Report**

*Faculty Curriculum Development Grants, Faculty Travel Grants, Internships (Industrial and Community College), Workshops (i.e. Helicopter/UAS, Rock On), LSSL Program, STEM Education Programming*

DIRECTIONS:

* FACULTY: Please complete sections I-IV
* STUDENTS: Please complete all sections

**Section I – Grant Recipient Profile**

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| First Name: | |  | | | | | | | | | | Last Name: | |  | | | | |
| Pro-Sum Number (If applicable): | | | | | | | | | |  | | | | | | | | |
| Award Type: | | |  | | | | | | | | | | | | | | | |
| Award Amount: | | | | | |  | | | | | | | | | | | | |
| Project Title: | | | |  | | | | | | | | | | | | | | |
| Project Description: | | | | | | | |  | | | | | | | | | | |
| Project Period: | | | | |  | | | | | | | | | | | | | |
| Institution: | |  | | | | | | | | | | | | | | | | |
| Official affiliate email address: | | | | | | | | |  | | | | | | | Phone: |  | |
| Permanent Address: | | | | | | |  | | | | | | | | | | | |
| City: |  | | | | | | | | | | State: | |  | | Zip Code: | | |  |

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| **FACULTY INFORMATION ONLY** | |
| Department: |  |

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| **STUDENT INFORMATION ONLY** | | | | | | | | | | |
| Birth Date: | |  | | | Major: | | | |  | |
| Gender: | | Male Female | | | Ethnicity: | Hispanic or Latino Not Hispanic or Latino | | | | |
| Race: | American Indian or Alaskan Native  Asian  Some Other Race  Native Hawaiian or other Pacific Islander  White  Black or African American | | | | | | | | |
| Disability? | | |  | If yes, please elaborate: | | |  | | | |
| Have you served in the United States Military Service? | | | | | | | | Yes No | | |

**Section II – Project Information**

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| 1. **This project provides support for the following components (mark all that apply):** | | |
| **Student/Student Teams:**  On-Site University Research Experience  On-Site NASA Center Experience  Student-Led Flight project(s)  Student-Led non-flight project(s)  Travel (Visit a NASA Center, present a paper, attend a workshop, conference, symposium) | | **Educational Enhancement:**  Seminar/Lecture/Symposium  Competition Sponsorship  Design Project Development  Course Development (New or Revised)  Pre-Service educator workshop |
| **Other:**  Other (Explain): |  | |

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| **2-A. Project Activity Dates (mm/dd/yyyy):** | | | |
| Start Date: |  | End Date: |  |
| **2-B. What was the duration of your project activity:** | | | |
| Short Event (< 2 Days)  Long Event (>2 Days)  Multi-Month (Semester/ Quarter)  Year-Long (12 Months) | | | |

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| 1. **If the project activity was held in the US at a location other than a NASA center, please provide the city, state, & zip code of the location:** | |
| City: |  |
| State: |  |
| ZIP Code: |  |

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| 1. **How many online STEM-based teaching tools were created and/or maintained as a result of this activity/project?** *An online STEM-based teaching tool is defined as a resource for K-12 and informal educators and higher education faculty that provides support to improve educators' STEM knowledge and/or enhances student interest and proficiency in STEM* |  |

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| 1. **Does this activity provide opportunities for students to participate in an existing NASA-sponsored project?** | | | | |
| Yes  No  N/A | | | | |
| **If yes, please explain:** | | | | |
|  | | | | |
| 1. **New and Revised Courses -** If your project included higher education course development during the period of this report, please answer the following questions: | | | | |
| How many higher education course(s) have been developed using NASA-related content/support? (If zero, enter 0) | | | |  |
| How many higher education courses have been revised using NASA-related content/support? (If zero, enter 0) | | | |  |
| If courses have been created or revised, please give the following information: | | | | |
| **Course Name** | **Course Number** | **Credits** | **Brief Description** | |
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**Section III – Participant Information**

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| 1. **Please enter the total number of direct and indirect attendees reached via this activity.** Direct participants are individuals that are direct beneficiaries of the activity (i.e. participants and or attendees that may have registered for the activity) indirect participants are individuals that indirectly benefit from the NASA activity and/or can only be estimated (i.e. students that participate in revised courses that were developed via activity funds). | | |
| **Participants** | **Direct Interaction** | **Indirect Interaction** |
| Pre-Service Teachers |  |  |
| Higher Education Faculty |  |  |
| Undergraduate |  |  |
| Graduate |  |  |
| Post-Doctoral |  |  |
| Community College |  |  |
| **Total Participants** |  |  |

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| --- | --- |
| 1. **Direct Funded:** Please enter the total number of direct student participants who received monetary support (regardless of the amount). This should be a subset of the total Direct Student Participants recorded in the table above. Direct funded student participants do not include recipients of reimbursements (i.e. travel, supplies, meals, etc...) |  |

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| 1. **Direct Significant Investment**: Please enter the total number of direct student participants who received a significant investment. (The total number of significant investment students is a subset of the total number of direct funded participants.) *A significant investment is defined as participants receiving significant personal investment(s) of 3K or greater in financial support. 160 or greater hours of direct contact, or some of other support considered "significant"). For some projects the minimum level determining significant investment may be greater.* |  |

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| 1. **Faculty/Researcher Participant Information:** Please enter the number of Faculty/Researcher participants by institution type. *Faculty/researcher participants encompass faculty (tenure and non-tenure), researcher, participant, research assistant and, staff.* | |
| **Institution Type:** | **Number of Faculty/Researcher Participants:** |
| Higher Education/College |  |
| K-12 |  |
| Other (Explain) |  |
| **Total** |  |

**Section IV – Project Summary**

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| **Please provide a paragraph detailing your grant work and/or how this grant has affected your career. In addition, please include any available photographs detailing your grant work. These can be attached as pdf’s or jpeg’s to your email submission of this report form. The project summary and submitted photographs may be posted on our website and/or be used in our newsletter.** |
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**Section V - Longitudinal Tracking Data (Next Step)**

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| **Please select the appropriate category relevant right now. Indicate where or to what company/institution your next professional and/or academic step will take you.** | | | |
|  | **Still Enrolled in Current Degree Requirements** | Expected Graduation (mm/yyyy): |  |
| Degree Pursuing: (ex.: BS/ BA, MS, etc.) |  |
|  | **Graduated and Pursuing Advanced Degree** | Institution: |  |
| Degree Pursuing: (ex.: MS, PhD, etc.) |  |
| Area of Study: |  |
|  | **Post- Graduation Employment** | Seeking STEM Employment |  |
| Employed in STEM (Aerospace) Position1 |  |
| Employed in STEM (non-Aerospace) Position1 |  |
| Employed by NASA/JPL2 |  |
| Employed in STEM Academic Field3 |  |
| Employed in K-12 STEM Academic Field3 |  |
| Non-STEM Employment |  |

1. Employed in a STEM position with government, for profit, or non-profit organization
2. 2 Civil service employee or JPL employee
3. Faculty, teacher, or other academic position (K-Higher Education) in a STEM field
4. Employment or pursuing advanced degree in non-STEM industry, academia, or other government