



College Career Pathways End of Year Report

DUE DATE: MAY 26, 2017

Please complete this form, sign and return to:

Manchester Community College Cooperative Education Office, MS #8, P.O. Box 1046, Manchester, CT
06045-1046 Email: mcho@manchestercc.edu Phone: 860-512-3315 Fax: 860-512-3371

INFORMATION

School/Organization			
Address	City	State	Zip
Contact Person	Title		
Email			
Phone	Fax		

EXPENDITURES

Expenditure/Item	Description	Amount
111A: Non-Instructional		
111B: Instructional		
322: In-Service		
330: Employee Training and Development Services		
510: Student Transportation Services		
580: Travel		
600: Supplies		
700: Property		
TOTAL EXPENDITURES:		

Signature	Date
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SPECIFIC PROGRAM ACCOMPLISHMENTS

A. How were the goals of the grant met during this period? Please state how the grant requirements were satisfied.

B. State specific outcomes of the program and note any measurable results. Give success stories if available.

C. Provide number of students enrolled in articulated courses.

D. Identify goals not met.

E. Please include comments as to how the program can be improved and how Manchester Community College can better implement this program. Use additional sheets if necessary.