



US Department of Education
Title III Programs Travel Report
HBCU | HBGI | FUTURE ACT

Traveler's Name: _____

Name of Activity: _____

Check One: Faculty Administrator/Staff

1. In what way(s) was the travel relevant to your department's vision, goals, and/or objectives, as well as the established theme, or focus, for the grant year?

2. In what way(s) was your attendance at this event relevant to your discipline or area of expertise, particularly in terms of research activities or impact on student learning?

3. In what way(s) did this travel benefit the University?

4. To which Title III activity objective(s) does the travel relate?

5. Does this travel address a need/concern identified in the project's spending plan, needs assessment or Comprehensive Development Plan?

6. How will you utilize the information and techniques gained to enhance your teaching and to improve student learning?

7. On what date do you intend to present the highlights of the conference, workshop, etc. that you attended to colleagues in your school/college or department? _____

Traveler

Date

Supervisor

Date

Department Chair/Head

Date