

Gatton Academy & Craft Academy Graduates

Research and Experiential Learning Award

***Progress Report***

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| --- | --- |
| Project Title |  |
| Student Name |  |
| WKU 800-Number |  |
| Majors(s) |  |
| Minor(s) |  |
| Permanent Address |  |
| Campus Address |  |
| Telephone |  |
| Email |  |
| Faculty Mentor |  |
| Faculty Mentor Email |  |
| Number of Hours Completed |  |
|  |
| **TERM:** Fall Spring Summer **YEAR:**  |

|  |
| --- |
| Please describe your progress toward completion of your project as well as any difficulties you have encountered and adjustments to your original proposal. |
|  |

Signature, Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Research/Project Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Director, Office of Scholar Development: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_