



WESTERN MICHIGAN UNIVERSITY
Office of Research and Innovation

**Faculty Research and Creative Activities Award
FINAL REPORT FORM**

Proposal Number

Project Director

College

Department

Project Title

Project Summary (purpose, results and successes, outcomes such as publications, exhibitions and/or proposals for external funding). Limit summary to the space below.

Attach a 2-4 page description of accomplishments as related to your project.

If any equipment was purchased with FRACAA project funds, please sign below:

I certify that all equipment purchased with FRACAA project funds has been returned to my department.

(Signature)

(Date)

(Department Chair's Signature)

(Date)