

# New York State/Graduate Student Employees Union Professional Development Program Evaluation

This Evaluation must be submitted within 30 days after completion of the project or activity funded with the Professional Development Program (PDP) funds. Failure to submit the Evaluation may result in not being considered for Professional Development Program funds in the future. After filling out this application form, print, sign and submit it as directed at the bottom of the form.

Award Period: \_\_\_\_\_ to \_\_\_\_\_

## Part A: Applicant Information

1. Name \_\_\_\_\_  
Last First MI
  
2. Mailing Address \_\_\_\_\_  
Street Apartment/Unit #
  
- \_\_\_\_\_
  
- \_\_\_\_\_
  
3. Phone No. (Work) \_\_\_\_\_ (Other) \_\_\_\_\_  
City State Zip Code
  
4. Work Address \_\_\_\_\_
  
5. Email \_\_\_\_\_
  
6. Account Number \_\_\_\_\_ Employee Number \_\_\_\_\_
  
7. Academic Department/Program \_\_\_\_\_
  
8. Assistantship Type:     Teaching Assistant     Graduate Assistant    No. of Hours \_\_\_\_\_

## Part B: Project / Activity Information

1. Date of proposed project/activity: from \_\_\_\_\_ to \_\_\_\_\_  
mo. / date / yr. mo. / date / yr.
  
2. Please check the category for which funds were awarded:

|   |  |
|---|--|
| <input type="checkbox"/> Research (basic, applied, historical)            | <input type="checkbox"/> Internship                              |
| <input type="checkbox"/> Curriculum or instructional material development | <input type="checkbox"/> Course work                             |
| <input type="checkbox"/> Workshop or seminar attendance                   | <input type="checkbox"/> Artistic or creative endeavor           |
| <input type="checkbox"/> Conference attendance (without a formal role)    | <input type="checkbox"/> Preparation of material for publication |
| <input type="checkbox"/> Conference participation:                        | <input type="checkbox"/> Grant proposal development              |
| <input type="checkbox"/> Presiding  | <input type="checkbox"/> Other Specify _____                     |
| <input type="checkbox"/> Presenting                                       |  |
| <input type="checkbox"/> Other formal role. Specify _____                 |  |

3. Project or activity title. (List the name of seminar, workshop, etc. if applicable.)

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4. Did you complete the project or activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

A. If Yes, was your project or activity objective achieved? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Briefly describe how the project or activity contributed to your professional development in 250 words or fewer.

C. If you did not complete your project or activity or achieve your objective, briefly explain why it was not completed or how the objective could have been achieved.

**Part C: Expenditure Summary**

A. Amount Awarded: \_\_\_\_\_ PDP Funds \_\_\_\_\_ Other Sources \_\_\_\_\_ TOTAL

B. Amount Expended: \_\_\_\_\_ PDP Funds \_\_\_\_\_ Other Sources \_\_\_\_\_ TOTAL

**Part D: Comments or Recommendations**

Provide any comments or recommendations pertaining to the Professional Development Program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send this Evaluation to: **Email:** nysgseulmc@oer.ny.gov OR  
**Mail:** NYS/GSEU LMC  
Agency Building 2, 8th Floor  
Empire State Plaza  
Albany, NY 12223

*It is the policy of the State of New York to provide for and promote equal opportunity in employment and equal access to all programs and services without discrimination on the basis of age, race, color, creed, national origin, military status, sex, sexual orientation, gender identity or expression, disability (including pregnancy-related disability or condition), predisposing genetic characteristics, marital/familial status, status as a victim of domestic violence, or prior arrest/criminal conviction record.*