

College of Medicine FEO Award Final Report

FACULTY ENHANCEMENT OPPORTUNITY (FEO) FINAL REPORT

When your project is concluded, please complete this form and submit it to:

hamleen@ufl.edu

Name (last, first): _____

UF ID: _____

Department: _____

Semester award was granted: _____

Total COM FEO Funds Awarded: _____

Total Department Funds Provided: _____

Any Other Funds Provided, if applicable: _____

GRAND TOTAL FOR FEO: _____

ABSTRACT: (One paragraph describing your FEO project in a way that can be understood by colleagues outside your discipline, alumni, and educated members of the general public.)

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LIST ORIGINAL GOALS AND TO WHAT EXTENT YOU ACHIEVED THEM:

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OUTCOMES OF FEO:

A. List intended benefits of this FEO related to your own professional growth and development, and indicate if achieved.

B. List intended benefits of this FEO to your department, college and/or the university and indicate if achieved.

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Please share any additional comments or suggestions that may help us in future FEO Award considerations.

Signature: _____

Typed Name: _____

Date Submitted: _____