

***Inquiry Regarding Participation in  
Perkins Activities***

Your Name

Your Department / Program

Goal(s) of Activity (indicate expected impact on Improvement Plan)

Proposed Timeline from

Participant(s)

Activities

Outcomes/Deliverables

Evaluation

Estimated Cost \$ \_\_\_\_\_

*Forward to [pcrozier@bhcc.mass.edu](mailto:pcrozier@bhcc.mass.edu) or B228F*

*More detail may be needed.*

*Approval typically within a few weeks.*