

***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 or B228F

More detail may be needed.

Approval typically within a few weeks.