

**Institutional Aid-Title III Programs  
Strengthening Historically Black Colleges and Universities**

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**Jackson State University**

**Jackson, Mississippi**

**Quarterly Activity Report**

Activity: _____		<u>Period</u>
_____	( )	<b>First--</b> October-December
_____	( )	<b>Second--</b> January-March
Director: _____	( )	<b>Third--</b> April-June
Date: _____	( )	<b>Fourth--</b> July-September

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**Instructions:** Please submit this completed report to the Title III Office in adherence to deadlines established for this program year. Attach the *University's Hand Receipt Form* for equipment purchased during the period. Use additional pages if necessary.

1. List activity objectives, in measurable terms, planned for this reporting period.
  - a. \_\_\_\_\_  
\_\_\_\_\_
  - b. \_\_\_\_\_  
\_\_\_\_\_
  - c. \_\_\_\_\_  
\_\_\_\_\_
  - d. \_\_\_\_\_  
\_\_\_\_\_
  
2. List activity objectives, in measurable terms, accomplished this reporting period. Additionally, if applicable, include primary participants or offices involved.
  - a. \_\_\_\_\_  
\_\_\_\_\_
  - b. \_\_\_\_\_  
\_\_\_\_\_
  - c. \_\_\_\_\_  
\_\_\_\_\_
  - d. \_\_\_\_\_  
\_\_\_\_\_

3. State activity objectives, in measurable terms, that were not accomplished this reporting period.

- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_
- d. \_\_\_\_\_  
\_\_\_\_\_

Explain why the activity objectives were not accomplished.

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4. State the impact/outcome of accomplished activity objectives.

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5. List equipment, furnishings, materials, and/or supplies purchased during this reporting period. For all equipment and furnishings, please provide a separate list and attach it to this report.

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6. If travel is a part of this activity, indicate trips (along with dates, locations, and names of conferences, meetings, etc.) taken during this reporting period (*Specific details should be provided in the required travel report*).

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**Signatures:**

_____ Activity Coordinator ( <i>If Applicable</i> )	_____ Date
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_____ Activity Director	_____ Date
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_____ Title III Director	_____ Date
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