*Activity 1*

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| **Activity/Project Name:** |  |

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| **Momentum Area:** |  |
| **Activity Status**  |  |
| **Category** (tag) | **[ ]  Access****[ ]  Adult Learners****[ ]  Advising****[ ]  Career/Workforce****[ ]  Change Management****[ ]  Corequisite Learning Support****[ ]  Course/Curricular Redesign****[ ]  Credit Acceleration (AP, IB, PLA)****[ ]  Credit Intensity****[ ]  Data and Communications****[ ]  Early Alerts****[ ]  Faculty Support/Development****[ ]  Financial Aid Interventions** | **[ ]  First Year Experience****[ ]  Focus Areas****[ ]  High Impact Practices****[ ]  Learning Communities****[ ]  Math Pathways****[ ]  Military/Veteran Students****[ ]  Mindset****[ ]  Orientation/Transition to College****[ ]  Peer/Supplemental Instruction****[ ]  Program Maps/Cocurricular Pathways****[ ]  Tutoring/Student Supports****[ ]  Other** |

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| **Activity/Project Overview or Description** (what this is? Please provide details on the project design and elements.) |  |
| **Evaluation/Assessment plan**In the space provided, indicate your general evaluation plan, including the key performance indicators and measures for the project; how frequently you are assessing, your baseline measure, your goal or target for success and your current status. |  |
| **Progress and Adjustments** (what has been accomplished and what changes do you feel you need to make) |  |
| **Plan for the year ahead** (What steps will you be taking in this year)  |  |
| **What challenges will affect your ability to do this activity?** |  |
| **What support do you need from outside your institution** (e.g., the System Office or other institutions) to be successful?  |  |
| **Project Lead/point of contact** (name & email): |  |

*Activity 2*

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| **Activity/Project Name:** |  |

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| **Momentum Area:** |  |
| **Activity Status**  |  |
| **Category** (tag) | **[ ]  Access****[ ]  Adult Learners****[ ]  Advising****[ ]  Career/Workforce****[ ]  Change Management****[ ]  Corequisite Learning Support****[ ]  Course/Curricular Redesign****[ ]  Credit Acceleration (AP, IB, PLA)****[ ]  Credit Intensity****[ ]  Data and Communications****[ ]  Early Alerts****[ ]  Faculty Support/Development****[ ]  Financial Aid Interventions** | **[ ]  First Year Experience****[ ]  Focus Areas****[ ]  High Impact Practices****[ ]  Learning Communities****[ ]  Math Pathways****[ ]  Military/Veteran Students****[ ]  Mindset****[ ]  Orientation/Transition to College****[ ]  Peer/Supplemental Instruction****[ ]  Program Maps/Cocurricular Pathways****[ ]  Tutoring/Student Supports****[ ]  Other** |

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| **Progress and Adjustments** (what has been accomplished and what changes do you feel you need to make) |  |
| **Plan for the year ahead** (What steps will you be taking in this year)  |  |
| **What challenges will affect your ability to do this activity?** |  |
| **What support do you need from outside your institution** (e.g., the System Office or other institutions) to be successful?  |  |
| **Project Lead/point of contact** (name & email): |  |

*Activity 3*

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| **Activity/Project Name:** |  |

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| **Momentum Area:** |  |
| **Activity Status**  |  |
| **Category** (tag) | **[ ]  Access****[ ]  Adult Learners****[ ]  Advising****[ ]  Career/Workforce****[ ]  Change Management****[ ]  Corequisite Learning Support****[ ]  Course/Curricular Redesign****[ ]  Credit Acceleration (AP, IB, PLA)****[ ]  Credit Intensity****[ ]  Data and Communications****[ ]  Early Alerts****[ ]  Faculty Support/Development****[ ]  Financial Aid Interventions** | **[ ]  First Year Experience****[ ]  Focus Areas****[ ]  High Impact Practices****[ ]  Learning Communities****[ ]  Math Pathways****[ ]  Military/Veteran Students****[ ]  Mindset****[ ]  Orientation/Transition to College****[ ]  Peer/Supplemental Instruction****[ ]  Program Maps/Cocurricular Pathways****[ ]  Tutoring/Student Supports****[ ]  Other** |

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| **Progress and Adjustments** (what has been accomplished and what changes do you feel you need to make) |  |
| **Plan for the year ahead** (What steps will you be taking in this year)  |  |
| **What challenges will affect your ability to do this activity?** |  |
| **What support do you need from outside your institution** (e.g., the System Office or other institutions) to be successful?  |  |
| **Project Lead/point of contact** (name & email): |  |

*Activity 4*

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| **Activity/Project Name:** |  |

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| **Momentum Area:** |  |
| **Activity Status**  |  |
| **Category** (tag) | **[ ]  Access****[ ]  Adult Learners****[ ]  Advising****[ ]  Career/Workforce****[ ]  Change Management****[ ]  Corequisite Learning Support****[ ]  Course/Curricular Redesign****[ ]  Credit Acceleration (AP, IB, PLA)****[ ]  Credit Intensity****[ ]  Data and Communications****[ ]  Early Alerts****[ ]  Faculty Support/Development****[ ]  Financial Aid Interventions** | **[ ]  First Year Experience****[ ]  Focus Areas****[ ]  High Impact Practices****[ ]  Learning Communities****[ ]  Math Pathways****[ ]  Military/Veteran Students****[ ]  Mindset****[ ]  Orientation/Transition to College****[ ]  Peer/Supplemental Instruction****[ ]  Program Maps/Cocurricular Pathways****[ ]  Tutoring/Student Supports****[ ]  Other** |

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| **Evaluation/Assessment plan**In the space provided, indicate your general evaluation plan, including the key performance indicators and measures for the project; how frequently you are assessing, your baseline measure, your goal or target for success and your current status. |  |
| **Progress and Adjustments** (what has been accomplished and what changes do you feel you need to make) |  |
| **Plan for the year ahead** (What steps will you be taking in this year)  |  |
| **What challenges will affect your ability to do this activity?** |  |
| **What support do you need from outside your institution** (e.g., the System Office or other institutions) to be successful?  |  |
| **Project Lead/point of contact** (name & email): |  |

*Activity 5*

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| **Activity/Project Name:** |  |

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| **Momentum Area:** |  |
| **Activity Status**  |  |
| **Category** (tag) | **[ ]  Access****[ ]  Adult Learners****[ ]  Advising****[ ]  Career/Workforce****[ ]  Change Management****[ ]  Corequisite Learning Support****[ ]  Course/Curricular Redesign****[ ]  Credit Acceleration (AP, IB, PLA)****[ ]  Credit Intensity****[ ]  Data and Communications****[ ]  Early Alerts****[ ]  Faculty Support/Development****[ ]  Financial Aid Interventions** | **[ ]  First Year Experience****[ ]  Focus Areas****[ ]  High Impact Practices****[ ]  Learning Communities****[ ]  Math Pathways****[ ]  Military/Veteran Students****[ ]  Mindset****[ ]  Orientation/Transition to College****[ ]  Peer/Supplemental Instruction****[ ]  Program Maps/Cocurricular Pathways****[ ]  Tutoring/Student Supports****[ ]  Other** |

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| **Evaluation/Assessment plan**In the space provided, indicate your general evaluation plan, including the key performance indicators and measures for the project; how frequently you are assessing, your baseline measure, your goal or target for success and your current status. |  |
| **Progress and Adjustments** (what has been accomplished and what changes do you feel you need to make) |  |
| **Plan for the year ahead** (What steps will you be taking in this year)  |  |
| **What challenges will affect your ability to do this activity?** |  |
| **What support do you need from outside your institution** (e.g., the System Office or other institutions) to be successful?  |  |
| **Project Lead/point of contact** (name & email): |  |

*Activity 6*

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| **Activity/Project Name:** |  |

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| **Momentum Area:** |  |
| **Activity Status**  |  |
| **Category** (tag) | **[ ]  Access****[ ]  Adult Learners****[ ]  Advising****[ ]  Career/Workforce****[ ]  Change Management****[ ]  Corequisite Learning Support****[ ]  Course/Curricular Redesign****[ ]  Credit Acceleration (AP, IB, PLA)****[ ]  Credit Intensity****[ ]  Data and Communications****[ ]  Early Alerts****[ ]  Faculty Support/Development****[ ]  Financial Aid Interventions** | **[ ]  First Year Experience****[ ]  Focus Areas****[ ]  High Impact Practices****[ ]  Learning Communities****[ ]  Math Pathways****[ ]  Military/Veteran Students****[ ]  Mindset****[ ]  Orientation/Transition to College****[ ]  Peer/Supplemental Instruction****[ ]  Program Maps/Cocurricular Pathways****[ ]  Tutoring/Student Supports****[ ]  Other** |

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| **Activity/Project Overview or Description** (what this is? Please provide details on the project design and elements.) |  |
| **Evaluation/Assessment plan**In the space provided, indicate your general evaluation plan, including the key performance indicators and measures for the project; how frequently you are assessing, your baseline measure, your goal or target for success and your current status. |  |
| **Progress and Adjustments** (what has been accomplished and what changes do you feel you need to make) |  |
| **Plan for the year ahead** (What steps will you be taking in this year)  |  |
| **What challenges will affect your ability to do this activity?** |  |
| **What support do you need from outside your institution** (e.g., the System Office or other institutions) to be successful?  |  |
| **Project Lead/point of contact** (name & email): |  |

*Activity 7*

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| **Activity/Project Name:** |  |

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| **Momentum Area:** |  |
| **Activity Status**  |  |
| **Category** (tag) | **[ ]  Access****[ ]  Adult Learners****[ ]  Advising****[ ]  Career/Workforce****[ ]  Change Management****[ ]  Corequisite Learning Support****[ ]  Course/Curricular Redesign****[ ]  Credit Acceleration (AP, IB, PLA)****[ ]  Credit Intensity****[ ]  Data and Communications****[ ]  Early Alerts****[ ]  Faculty Support/Development****[ ]  Financial Aid Interventions** | **[ ]  First Year Experience****[ ]  Focus Areas****[ ]  High Impact Practices****[ ]  Learning Communities****[ ]  Math Pathways****[ ]  Military/Veteran Students****[ ]  Mindset****[ ]  Orientation/Transition to College****[ ]  Peer/Supplemental Instruction****[ ]  Program Maps/Cocurricular Pathways****[ ]  Tutoring/Student Supports****[ ]  Other** |

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| **Progress and Adjustments** (what has been accomplished and what changes do you feel you need to make) |  |
| **Plan for the year ahead** (What steps will you be taking in this year)  |  |
| **What challenges will affect your ability to do this activity?** |  |
| **What support do you need from outside your institution** (e.g., the System Office or other institutions) to be successful?  |  |
| **Project Lead/point of contact** (name & email): |  |

*Activity 8*

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| **Activity/Project Name:** |  |

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| **Momentum Area:** |  |
| **Activity Status**  |  |
| **Category** (tag) | **[ ]  Access****[ ]  Adult Learners****[ ]  Advising****[ ]  Career/Workforce****[ ]  Change Management****[ ]  Corequisite Learning Support****[ ]  Course/Curricular Redesign****[ ]  Credit Acceleration (AP, IB, PLA)****[ ]  Credit Intensity****[ ]  Data and Communications****[ ]  Early Alerts****[ ]  Faculty Support/Development****[ ]  Financial Aid Interventions** | **[ ]  First Year Experience****[ ]  Focus Areas****[ ]  High Impact Practices****[ ]  Learning Communities****[ ]  Math Pathways****[ ]  Military/Veteran Students****[ ]  Mindset****[ ]  Orientation/Transition to College****[ ]  Peer/Supplemental Instruction****[ ]  Program Maps/Cocurricular Pathways****[ ]  Tutoring/Student Supports****[ ]  Other** |

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