



OFFICE OF HIGHER EDUCATION

Office of Postsecondary Access, Support and Success  
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**LPP 2015– 2016 Final Report**  
**Due Friday, September 30, 2016**

Name of Institution:	
Name of LPP Project:	
Name of LPP Director:	
Telephone Number: area code & extension	
E-mail Address:	
Mailing Address:	
Date report submitted:	

Project #:		Total # of FT professional staff:	
Contract #:		Total # of PT professional staff:	
2015-2016 budget amount:		Total # of grad student staff:	
Contracted # of students to be served:		Total # of undergrad student staff:	
Actual # of students enrolled:			

\_\_\_\_\_  
**LPP Director/ Print**

\_\_\_\_\_  
**Chief Executive Officer/ Print**

\_\_\_\_\_  
**LPP Director Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Chief Executive Officer Signature**

\_\_\_\_\_  
**Date**

Please mail this cover page and the anecdotal narrative to:

**Lisa Drzymala**  
*Office of Postsecondary Access, Support and Success*  
*New York State Education Department*  
*89 Washington Avenue- Room EBA 971*  
*Albany, NY 12234*