



Student Equity Plan Activity Report

The following information is required for Student Equity Plan activities. Please email the signed form and any additional documents to SEAP@citruscollege.edu.

1. Project Title:	(Activity #)
2. Semester/Year:	
3. Please indicate the SEAP metric(s) the activity aligned with. <input type="checkbox"/> Access <input type="checkbox"/> Retention <input type="checkbox"/> Math/English Completion <input type="checkbox"/> Degree/Certificate Completion <input type="checkbox"/> Transfer	
4. Target Population(s): <input type="checkbox"/> LGBTQ <input type="checkbox"/> DSPS <input type="checkbox"/> Foster Youth <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Filipino <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> More Than One Race <input type="checkbox"/> Some Other Race	
5. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
6. Current Non-DI Groups: <input type="checkbox"/> Veterans <input type="checkbox"/> Low-Income <input type="checkbox"/> Homeless	
7. What issue was this activity designed to address?	

8. What measurable outcomes have been accomplished with regard to this activity? Please provide data if available.

9. Please describe any challenges encountered thus far or any anticipated challenges.

Name:		Contact email:	
Department:		Contact phone:	
Signature:		Date:	