# MONITORING FORM

| **Starting Date:** | | | **Completion Date:** | | | | | **Duration:** | | | | | | | | | | |
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| **Objectives** | **Activities** | **Expected Results/Outputs** | | **Responsible Person(s)** | **Resources Required** | **Schedule of Activities** | | | | | | | | | | | | **Budget Required** |
| **Year 1** | | | | | | **Year 2** | | | | | |
| **Q1** | **Q2** | | **Q3** | **Q4** | | **Q1** | **Q2** | **Q3** | | **Q4** | |  |
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**Project Leader Dean/Center Chief**