**STUDENT COMMUNITY SERVICES-COMMUNITY EMPOWERMENT LEARNING**

**UNIVERSITAS GADJAH MADA**

**REPORT FORM**

Please complete this form and send it to kkn@ugm.ac.id before **(date/month/year)**

|  |  |  |  |
| --- | --- | --- | --- |
|  1. Last name |  | 2. First name |  |
|  3. Middle name |  |
|  4. Title  |  | 5. Gender | [ ]  Male [ ]  Female |
|  6. Institution |  |
|  7. Postal Address |   |
|  8. Country |  |
|  9. E-mail |  |
| 10. Telephone  (please include national and local code) |  |
| 11. Fax  (please include national and local code) |  |
| 12. Unit SCS-CEL |  |
| 13. Location of SCS-CEL |  |
| 14. Title of main program |
| 15. Abstract (maximum 300 words) |
| 16. Key words: maximum 6 words |
| 17. Background (Please explain why the program is important, problem analysis, existing conditions and the aims of the program. Maximum 500 words)  |
| 18. Methodology. (Please explain the methods and approaches which were used to solve the problems. Maximum 500 words) |
| 19. Results. (Please explain the results of the program, how it was implemented, the benefit and challenges met during the implementation. Maximum 1000 words) |
| 20. Photos (Please attaches the photos of SCC-CEL implementation program- including the caption) |
| 21. Other additional programs (when it is available). Please describe summary of the program – Maximum 500 words, attach the photos) |