**STUDENT COMMUNITY SERVICES-COMMUNITY EMPOWERMENT LEARNING**

**UNIVERSITAS GADJAH MADA**

**REPORT FORM**

Please complete this form and send it to [kkn@ugm](mailto: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) | | | |