Coastal Bend College QEP Proposal Request

Thank you for submitting your idea. If you need assistance in completing the form contact Velma C. Elizalde at 361-354-2301 or velmae@coastalbend.edu.

Title:			
Authors:			
Name	Position	Phone number	Email
Departments Affec	ted Specifically:		
Rationale for Need statement):	(include why CBC needs	this plan include data if possi	ible and tie to CBC's mission
		nat it would require to implen s of students affected (must b	•
Resources Needed:	:		
Possible Obstacles:			
Specific Student Le	arning Outcomes Expect	ed:	