OMB No. 1840-0813



U.S. Department of Education Historically Black Colleges and Universities Master's Degree Program Annual Performance Report

FY 2014 Academic Year 2012-2013

1. PR/Award #:	
2. Name of Grantee:	
3. Grantee Address:	
4. Name of Project Director/Contact Person:	
Phone: () Ext: () Fax: ()
Email Address:	
5. Name of Certifying Official:	
Phone: () Ext: () Fax: ()
Email Address:	
6. Reporting Period: From:/ To:/ (Month/Day/Year) (Month/Day/Year)	
To the best of our knowledge and belief, all data in this performance report are true and correct and the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the data.	
Name of Project Director (Print):	
Signature:	Date:/
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