

# FACULTY ACTIVITY SURVEY

Quarter:

Department:

Name: \_\_\_\_\_

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## 1. Instruction and Advising

- A. Scheduled Teaching (Include scheduled teaching activities; by signing this form, I certify that sufficient course materials are posted on Blackboard to continue my course online in the event of an emergency)

Course Name	Course No. & Section	Credit Hours	Meeting Time
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Value of non-teaching time \$ \_\_\_\_\_ (nine month salary ÷ 27 x teaching hours fewer than nine)

- B. Unscheduled Teaching (Please list such activities as: supervising student teachers; advising thesis, dissertation, special problems courses, etc.; indicate approximate number of hours weekly.)

Hrs. \_\_\_\_\_

- C. Please indicate scheduled conference hours in the space below.

Hrs. \_\_\_\_\_

## II. Research and Scholarly Activities (during this term).

- A. Funded Research Projects (list each project)

Hrs. \_\_\_\_\_

- B. Unfunded Research Activities

Hrs. \_\_\_\_\_

- C. Other Scholarly Activities

Hrs. \_\_\_\_\_

## III. Service (Professional Role)

(See Appendix C of Tenure and Promotion Guidelines)

Hrs. \_\_\_\_\_

- A. To the Unit/College/University

- B. To the profession

- C. To the public

**Total Hours Per Week  
Exlcuding Scheduled Teaching** \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Dean

## QUARTERLY ACCOMPLISHMENT REPORTING

(To be completed at the end of each quarter; for complete evaluation future reports may be necessary)

Accomplishments of non-teaching activity (documentation may be attached or requested):

Summary of Unit and College benefits (strategic plan objectives, self-appraisal goals accomplished, unit mission, etc.)

Accomplishments to be realized at a later date:

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Accepted

\_\_\_\_\_ Additional report required by (date) \_\_\_\_\_

Unit Head \_\_\_\_\_ Date \_\_\_\_\_