

# FACULTY ACTIVITY SURVEY

Quarter:  
Department:  
Name:

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**I. Instruction and Advising**

A. Scheduled Teaching (Please verify the following scheduled teaching activities and make any necessary changes on the copy.) 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  
Excluding Scheduled Teaching** \_\_\_\_\_

Signatures:

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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 \_\_\_\_\_