CALENDAR YEAR FACULTY WORK ASSIGNMENT
COLLEGE OF EDUCATION AND HEALTH PROFESSIONS

Faculty Name: _____ Calendar Year: _____

Department: _____ Rank: _____

Percent Appointment: _____

TEACHING/ADVISING EFFORT

Teaching/Advising

Yearly Plan (List assigned course number – Do not include summer courses):

Spring In-load Course Assignment # _____ Fall In-load Course Assignment # _____

Spring In-load Course Assignment # _____ Fall In-load Course Assignment # _____

Spring In-load Course Assignment # _____ Fall In-load Course Assignment # _____

Spring In-load Course Assignment # _____ Fall In-load Course Assignment # _____

Teaching

Courses to be taught "outside" of regularly scheduled workload (for information only):

Spring Out-of-load Course Assign. # _____ Fall Out-of-load Course Assign. # _____

Spring Out-of-load Course Assign. # _____ Fall Out-of-load Course Assign. # _____

List anticipated number of advisees:

Advising

Undegraduate Advisees # _____ Doctoral Advisees # _____

Master's Advisees # _____ Dissertation Committees Member # _____

Specialist Advisees # _____ Dissertation Committees Chaired # _____

Additional Plans:

RESEARCH EFFORT

*Clinical/teaching faculty should place scholarly activity under additional plans in Teaching/Advising

Research

Yearly Plans (List projected number of articles/books/presentations, etc.):

Refereed articles to be submitted # _____ Non-refereed articles to be submitted # _____

Book manuscripts to be submitted # _____ Book chapters to be submitted # _____

International/national presentations # _____ Regional/state presentations # _____

Grant proposals to be submitted # _____

Additional Plans:

SERVICE EFFORT

Service

Yearly Plans (List anticipated number of committees and note committees chaired:

Departmental Committees # _____ University Committees # _____

College Committees # _____ Professional Committees # _____

Additional Plans:

TOTAL YEARLY WORKLOAD ASSIGNMENT

100%

Faculty Signature Date _____

Dept. Head Approval Date _____

Dean's Approval Date _____