

THE UNIVERSITY OF TOLEDO

ANNUAL REPORT OF PROFESSIONAL ACTIVITIES

Name _____ Department _____

Faculty Rank _____ Year of Appointment _____ Year Last Promoted _____

Highest Degree _____ Year Rec'd _____

I. TEACHING (OR SERVICE AS A LIBRARIAN):

A. **Scheduled Courses:** Credit hours are course credit hours; contact hours are the actual number of hours you meet your class each week, e.g., 155-334. 4 credit hours. 5 contact hours.

<u>Fall Semester 19</u>			<u>Spring Semester 19</u>		
<u>Course No.</u>	<u>No. of Hours</u>		<u>Course No.</u>	<u>No. of Hours</u>	
	<u>Credit</u>	<u>Contact</u>		<u>Credit</u>	<u>Contact</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

B. **Advising:**

Graduate _____ No. of Advisees _____

Undergraduate _____ No. of Advisees _____

C. **Other Teaching Activities:** Work with Honors students; direction of independent readings and/or research; direction of theses and dissertations; development of new courses; librarian service.

II. PROFESSIONAL ACTIVITY:

- A. **Publications:** Distinguish among books, articles, book reviews, abstracts, newsletters, etc. List complete citation including names of co-authors, date and complete pagination. Indicate whether journals are refereed (R). Attach copies of letters of acceptance. Please indicate whether any of the listings below have been previously reported (PR) in another category.

1. **Submitted:**

2. **Accepted:**

3. **In Press:** [i.e., in galley proof]

4. **Published:**

- B. **Papers Presented at Professional Meetings:** Provide complete citation. Specify the nature of the association (State, Regional, National, or International) and designated papers as (C) competitively selected, (I) invited, or (V) volunteered.

- C. **Other Current Research and Scholarly Activity:** List research in progress; grants received (include name of granting agency, grant duration and if new or renewal); grant proposals submitted. Show how progress has been made since last report.

- D. **Performances and Other Artistic Endeavors:** List with place, date and include published programs, etc.

Note: Whenever you need more space, write "See Attached Sheet" and append same to report.

III. **SERVICE:**

A. **Department, College, University Service:** List specific committees. Provide evidence of level of effort and participation.

B. **Participation in Organizing or Running Professional Meetings:** Indicate role.

C. **Other Professional Activities:** Offices held in professional and honorary societies, reviewing and refereeing of articles and grant proposals, editorship and membership on editorial boards, etc.

D. **Lectures at Workshops or Non-credit Courses:** List dates, places and other circumstances.

E. **Unpaid Consulting Assignments of a Professional Nature:** List nature, dates and other circumstances.

Signature _____ Date _____

This report does does not meet expectations per AFWA. If not, attach an explanation.

Signature _____ Date _____

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Note: Whenever you need more space, write "See Attached Sheet" and append same to report.