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.

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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.

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

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

Signature______________________________________________________        Date __________________________

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