

TENNESSEE TECHNOLOGICAL UNIVERSITY FACULTY ACTIVITY REPORT

QUARTER _____
 T# _____
 NAME _____
 ADDRESS _____

RANK _____
 DEPT. _____
 DISC. _____

TELEPHONE _____
 HOME _____
 OFFICE _____

CHECK APPROPRIATE SPACE:

FULL-TIME	
OVERLOAD	
WITHIN LOAD	
PART-TIME	

TEACHING

COURSE CODE	SECT.	DISC.	COURSE No	COURSE TITLE	BLDG/ ROOM	TIME	DAYS	CREDIT	ENRL.	S.C.H.	CONTACT Hrs/Wk	CREDIT EQUIVALENT

ADVISING GRADUATE STUDENTS: _____ UNDERGRADUATES: _____

SERVING ON THESIS/DISSERTATION COMMITTEE(S):

RESEARCH AND SCHOLARLY ACTIVITIES RESEARCH-DEPARTMENTAL: _____ UNIVERSITY: _____ OUTSIDE FUNDING: _____ OTHER: _____	APPROVED FACULTY DEPARTMENTAL CHAIRMAN DEAN OF COLLEGE OR SCHOOL
PUBLIC SERVICE _____ _____	EXTENDED SERVICES PROVOST & VICE PRESIDENT FOR ACADEMIC AFFAIRS
UNIVERSITY SERVICE ADMINISTRATION _____ COMMITTEE SERVICE _____ INSTRUCTIONAL SUPPORT & DEVELOPMENT _____	TOTALS

Indicate consulting and other activities of a professional nature, which are not a part of professional responsibilities, on the back of this sheet. Explanatory notes may also be included on the back.