# TENNESSEE TECHNOLOGICAL UNIVERSITY
## FACULTY ACTIVITY REPORT

Quarter _____

S.S. Number _____

Name _____ Rank _____ Telephone

Address _____ Dept. _____ Home _____

_____ Disc. _____ Office _____

CHECK APPROPRIATE SPACE
____ Full Time
____ Overload
____ Within Load
____ Part Time

Teaching

| Course Code | Sect. | Disc. | Course No. | Course Title | Building Room | Time | Days | Credit | Enrl. | S.C.H. | Contact Hrs./Wk. | Credit Equivalent |
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Advising: _____ graduate students; _____ undergraduates

Serving on thesis/dissertation committee(s):

APPROVED

RESEARCH AND SCHOLARLY ACTIVITIES

Research—Departmental:

University:

Outside Funded:

Other—

Faculty

Departmental Chairman

PUBLIC SERVICE

Dean of College or School

Extended Services

UNIVERSITY SERVICE

A. Administration

B. Committee Service

C. Instructional Support and Development

Provost & Vice President for Academic Affairs

TOTAL

*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.*