

Return to supervisor
Due: 5 days after reported month ends

Langston University
Faculty Activity Report

SCHOOL _____

NAME: _____ RANK: _____ DEPT: _____

SSN NO: _____ MONTH: _____ YEAR: _____

A. ASSIGNED INSTRUCTIONAL ACTIVITIES

Teaching Load Current Semester	
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1. Scheduled Credit Hours/Related

CREDIT HOUR ACTIVITY	CLOCK HOURS PER WEEK					
	WK 1	WK 2	WK 3	WK 4	WK 5	TOTAL
Lecture Contact Hours						
Lab Contact Hours						
Office Hours						
Course Prep. & Related Time						
Other Contact hours						
						TOTAL

2. SUPERVISORY ACTIVITIES

ACTIVITY	Dept.	CLOCK HOURS PER WEEK	
		Enrollment	TOTAL
Independent Study			
Student Teaching			
Entry Year			
Internship			
Cooperative Education			
			TOTAL

3. SCHEDULED OVERLOAD TEACHING FOR ADDITIONAL COMPENSATION

COURSE PREFIX	COURSE NUMBER	SECTION NUMBER	ENROLLMENT	CH	METHOD OF INST	FORMAL CONTACT	OTHER C HOURS	TOTAL
								TOTAL

B. OTHER INSTRUCTIONAL ACTIVITIES

	AVERAGE CLOCK HOURS PER MONTH		
	Undergraduate	Graduate	Total
Participation on Thesis or Honors Committees			
Unscheduled Teaching			
Student Academic Advising			
Course and Curriculum			
Field Experiences			
			TOTAL

C. RESEARCH, WRITING, CREATIVE WORK, PROFESSIONAL DEVELOPMENT

	AVERAGE CLOCK HOURS PER MONTH
Funded Research	
Dept. Research & Writing	
Grant Writing	
Creative Writing	
Professional Development	
	TOTAL

D. SERVICE AND COMMUNITY DEVELOPMENT

	Dept.	School	University	Total
Administrative Duties				
Committee Participation				
Student-Oriented Service				
Public & Community Service				
Other				
				TOTAL

E. OTHER

	AVERAGE PER MONTH
Other Activities not listed above	
Comments	
	TOTAL
	GRAND TOTAL ALL REPORTED

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Dean/Vice President _____ Date _____