

APPENDIX O-3

FACULTY DEVELOPMENT PLAN (FDP) COMPLETION REPORT

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Expiration Date of Previous Plan: \_\_\_\_\_

**Information on Completed Activities – For each activity please identify the category in the FDP that the activity is included in: A. Teaching/Job Effectiveness, B. Professional Development/Scholarly Activity, or C. Service.**

I. Relevant structured training (workshops, seminars, professional meetings, webcasts, coursework, etc.)

Title or Brief Description	Clock Hours	Date	Location (if not college)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. Other relevant activities. Describe the activity, give the number of hours spent on the activity, estimate its benefit to the college, and state its relevance to the mission of the college.

Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity:

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Note: The FDP Completion Report requires documentation of completion for all activities included in the FDP. Any undocumented activity will not be considered to have been completed.

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date

**Immediate Supervisor**

Recommend Approval: \_\_\_\_\_  
Comments:

Do not Recommend Approval: \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor Signature

\_\_\_\_\_  
Date

**Next Level Supervisor**

Recommend Approval: \_\_\_\_\_  
Comments:

Do not Recommend Approval: \_\_\_\_\_

\_\_\_\_\_  
Next Level Supervisor Signature

\_\_\_\_\_  
Date

**Vice President of Academic and Student Affairs**

Approved: \_\_\_\_\_  
Comments:

Not Approved: \_\_\_\_\_

\_\_\_\_\_  
Vice President,  
Academic and Student Affairs Signature

\_\_\_\_\_  
Date