

**APPENDIX O3
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:

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: _____ Do not Recommend Approval: _____
Comments:

Immediate Supervisor Signature _____ Date _____

Next Level Supervisor

Recommend Approval: _____ Do not Recommend Approval: _____
Comments:

Next Level Supervisor Signature _____ Date _____

Vice President of Academic and Student Affairs

Approved: _____ Not Approved: _____
Comments:

Vice President, _____ Date _____
Academic and Student Affairs Signature