

**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:

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Activity:

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

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, Academic and Student Affairs Signature

Date