

**DOMINICAN UNIVERSITY OF CALIFORNIA
INDEPENDENT STUDY FORM AND
FACULTY ACTIVITY REPORT - SPRING**

Name: _____ Program: _____

ACADEMIC YEAR _____

A. Workload on separate report SelfRept.doc (for PC) and SelfRept.mcw (for Mac)

A. SPRING SEMESTER: INDEPENDENT STUDIES/ HONORS EXPANSION/SENIOR THESIS SUPERVISION IF NOT PART OF A CLASS.

Report only items for which you have submitted a grade. Please be sure to indicate the semester in which the student first enrolled in the activity in the first column. Attach second sheet if additional space is needed.

SEMESTER	DEPT. & NUMBER	COURSE TITLE	STUDENT'S NAME	UNITS
TOTAL SEMESTER UNITS:				
TOTAL UNITS X .10:				

ACADEMIC YEAR REPORT:

C. RESEARCH /SCHOLARSHIP/CREATIVE ACTIVITY:

Research in Progress/Completed (does your research involve undergraduate research assistants?):

Papers Presented or Speeches Given:

Please return this form to the Dean's Office by May 19 for Spring. Dean will verify and submit to VPAA by May 28 for Spring. Attach extra sheets if necessary. Form available on the Intranet: Forms: Academic Affairs: Independent Study Form & Activity Report-Spring.

Name: _____ Program: _____

Publications (Exhibits/Performances):

Membership or Offices held in Professional Organizations (year elected, term of office, brief description of duties):

Professional Meetings Attended (date of attendance):

Research Grants Applied For/Funded (date submitted, date funded, amount of grant, purpose of funds)

Other:

D. SERVICE TO THE UNIVERSITY

1. GENERAL SERVICE

Committees (member, officer, subcommittee):

Name: _____ Program: _____

Curriculum Development (including new courses, new programs or new pedagogical approaches):

Strategic Academic Plan Action Steps Accomplished in Support of Departmental or School SAP:

Service to the Faculty Assembly:

Service to the Student Body:

Contributions to Intellectual/Cultural Life of the University:

- 2. ADMINISTRATIVE SERVICE by 9.5- and 12-month Department Chairs, 12-month Program Directors, Program Chairs (discipline specialists), academic program directors (CLIENT, Honors, Assessment, etc), faculty on special assignment (appointed by VPAA for specified project/time period. (Cite administrative service activities and accomplishments). Add additional pages if necessary.**

Name: _____ Program: _____

E. ADDITIONAL ACTIVITIES: (List activities not included above that you accomplished this year including advising initiatives, service to the community, service to the discipline/profession.)

F. FACULTY REPORT OF PEER OBSERVATION (once per academic year):

Class Observed:_____

Date Observed:_____

Name of Peer Observer:_____

Faculty Signature:_____

Date:_____

Chair's Approval:_____

Date:_____

Dean's Approval:_____

Date:_____

Received in VPAA Office:_____

Date:_____