

APPENDIX P
PROFESSIONAL ACTIVITIES REPORT

Name:

Department: _____ **Email:** _____

College: _____ **Date:** _____

Semester Covered by PAR:

Please outline your professional goals and priorities outside the classroom for the coming semester (excluding those activities directly connected to your classroom assignment). Please include your plans for contributing to the work of your department and college. Before completing this form, please check with your department chair to find out the needs and priorities of your department.