

**ACADEMIC FACULTY REPORT**

**DEPARTMENT OF SURGERY**

**Academic Year: 20 \_\_ - 20\_\_\_**

**Name:**

**Academic Appointment:** Professor  Associate Professor  Assistant Professor  Other

**Academic Appointment:** Tenured  Tenure Tract  Clinical Tract  Flexible Tract  Other

When filling out this form, please note that you are not limited to the space under each category. Inputting answers with a typed response will expand the form to fit your comments. If you wish to fill out the form by hand, please inform your secretary. They will give you a new form with lines for your handwritten comments. Forms, with your original signature, must be turned into the Chairman’s office by the designated deadline.

**List the percent of time you expect to devote to each of these areas** (equaling 100%)**:**

\_\_\_\_ Teaching \_\_\_\_ Scholarly Activities \_\_\_\_ Patient Care \_\_\_\_ Administrative

**Describe the activities briefly** (one paragraph):

1. **TEACHING**
   1. Student:

* 1. Resident:

* 1. Other (CME, etc):
  2. Teaching improvement efforts (i.e. intramural or extramural faculty development activities, planned efforts to improve teaching capabilities).

E. Chair Comments:

II. **SCHOLARLY ACTIVITIES**

A. Research (incl. funding):

B. Publications:

C. Presentations:

D. State, National, International Activities:

E. Other:

F. Chair Comments:

III. **PATIENT CARE**

A. Clinic:

B. Hospital:

C. Other:

D. Chair Comments:

IV. **ADMINISTRATIVE**

A. Committees:

B. Leadership (director, chair, etc.):

C. Other:

D. Chair Comments:

V. **CHANGES PLANNED FOR NEXT ACADEMIC YEAR**

VI. **SUBMITTED BY**:

Signature of Faculty Member

VII. **CHAIR SUMMARY STATEMENT**:

**Progress toward Promotion and/or Tenure?** Yes No

Explain:

**CHAIR SIGNATURE**:

VIII. **Executive Associate Dean for Academic & Faculty Affairs Comments**:

**Signature –** Executive Associate Dean for Academic & Faculty Affairs