



THE STATE UNIVERSITY OF NEW YORK

Potsdam

ACADEMIC FACULTY INFORMATION FORM
For the period September 1, _____ thru August 31, _____

Name _____ Title _____ Department _____

I. Teaching Effectiveness

- A. Courses taught

- B. Procedures used to evaluate teaching

- C. Other observations regarding teaching

- D. Academic Advising (including procedures used to evaluate advising)

II. Mastery of Subject Matter and Scholarly Ability

- A. Research and other scholarly/artistic activities (Indicate juried/refereed activities).
Include grants proposed/awarded, articles and books submitted/accepted, presentations at professional meetings, performances, shows or productions directed.)

- B. Awards and Honors

- C. Professional meetings attended

III. University Service

- A. Administrative/committee assignments

- B. College-related public service (Include continuing education teaching by course, number enrolled, place, credit hours, consultancies, presentations at meetings)

- C. Community service (membership, time volunteered)

IV. Continuing Professional Growth

- A. Professional memberships (Indicate leadership roles and term of office)

- B. Professional meetings attended

- C. Courses, seminars, workshops or degrees completed

- D. Describe future goals and plans

V. Other Information (Include other activities not covered but which you wish to note)

Signature Faculty Member

Date