

NAME _____

SEMESTER _____

YEAR _____

UF ID NUMBER _____

Course

No. of Sections

The following courses have been assigned to you:
 (This is exclusive of individual study section 6910, 6940, 6971, 7979 and 7980. You will receive those assignments after the close of registration.)

 1. _____
 2. _____
 3. _____
 4. _____

1. FTE OF TOTAL INSTRUCTIONAL ASSIGNMENT BY COURSE LEVEL:

Lower	Upper	Graduate I and II	Graduate III Health Ctr. only	Total	Progress Statement
<input type="text"/>	<input type="text"/> + <input type="text"/>	<input type="text"/> + <input type="text"/>	<input type="text"/>	= <input type="text"/>	FTE

Other Assignments:

 2. OTHER INSTRUCTIONAL ACTIVITIES -- Duties: _____

 3. CLINICAL TEACHING (Restricted-See Reverse Side) -- Duties: _____

 4. ACADEMIC ADVISEMENT (Include specific indicators such as number of students, hours designated for advising) _____
 Duties: _____

 5. A. DEPARTMENTAL RESEARCH -- Duties/Research Areas: _____

 B. ORGANIZED RESEARCH -- Duties/Research Areas: _____

 6. PUBLIC SERVICE + CLINICAL SERVICE + STATE MANDATED SERVICE = _____
 Duties: _____

 7. AGRICULTURAL EXTENSION SERVICE (IFAS only) -- Duties: _____

 8. DEPARTMENTAL ADMINISTRATION + PRACTICE PLAN ADMINISTRATION = _____
 Duties: _____

 9. GOVERNANCE -- Duties: _____

 10. OTHER (only the categories on reverse of form may be listed) _____

 Duties: _____

 11. PAID PATIENT CARE

 12. TOTAL FTE APPOINTED FOR THIS SEMESTER (Sum of 1-11 above)-----

The above assignments are tentative. The department chair or responsible unit administrator will be free to modify these percentages during the term if the needs of the department change. If the assignments are changed by 5% or more, this form will be modified, initialed and a copy will be given to the faculty member. Progress statements will be added after the semester is completed. See the reverse side of this form for more information.

Percentage Assigned to Research by Project (Optional):	
Project Numbers	Percent Assigned
_____	_____
_____	_____
_____	_____
_____	_____
Total	

Department Chair	Date
Faculty Member	Date