

**Adjusted Faculty Workload
College of Fine and Performing Arts**

Progress Report

Name _____ Department _____

PROPOSAL TITLE: _____

(1) Please indicate the purpose for which the academic teaching load adjustment was requested:

- | | | | |
|---|-----|--------------------------------------|-----|
| Research/Scholarship | () | Creative Activity | () |
| Instructional Improvement | () | Scholarship of Teaching and Learning | () |
| Extraordinary service activities/projects | () | Other (please describe below) | () |
| Client Based Art | () | | |

(2) Describe the status of the activities for which the reassigned time was requested.
Attach supporting documentation describing these activities.

Signature: _____ Dated: _____