Name of School/Department: _____

SUMMARY OF
OUTSIDE PROFESSIONAL ACTIVITIES OF FACULTY
2008-09

Rank	Number of Days of Compensated Consulting during Academic Year											
	0- 10		11- 20		21- 30		31- 40		> 40		Total	Average
	# of Fac	# of Days	# of Fac	# of Days	# of Fac	# of Days	# of Fac	# of Days	# of Fac	# of Days	# of Fac	# of Days
Asst Prof												
Assoc Prof												
Full Prof												
Total Faculty												