



**AY 2020-21 FACULTY WORKLOAD REPORT
CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE**

Please report your workload of AY 2020-21. If your response may require any additional space, please enclose an extra page with a note.

Faculty Name	
Academic Rank	
College or School	

	CDU Faculty Effort Area	CDU Effort Percent (type number)
Teaching Mission	Teaching (CDU enrolled courses/ programs)	
	Academic Advisement	
Research Mission	Research or Creative Activities	
Service Mission	Community or Professional / Public Services	
	Clinical Services	
	Administrative Services	
	Other Voluntary Services for CDU	
	Total	100%

CDU Faculty Effort Description *(Type research and service activities)*

Teaching Mission	CDU Enrolled Course/ Program Teaching	Academic Term	Credit Hours <i>(Type number for each term)</i>
		Fall	
		Spring	
		Summer	
		Total	
	Academic Advisement	Student Count	<i>Note more information, as needed:</i>
Research Mission	Research or Creative Activities		
Service Mission	Community Service or Professional / Public Services		
	Clinical Services		
	Administrative Services		
	Other Voluntary Services for Institutional Work Groups		

SIGNATURES

Faculty Member's Signature Date (MM/DD/YYYY)

Dean's Signature Date (MM/DD/YYYY)

Director or Department Head's Signature Date (MM/DD/YYYY)