

THE COLLEGE OF THE BAHAMAS FACULTY PLAN

To be submitted by week 3 of September, submitted to the Chair and reviewed/modified as needed.

Faculty Name _____

Academic Year _____

School _____

Department _____

Goals/Objectives/Proposed Activities:

1. **Teaching Activities**

2. **Administrative Activities and Planning**

3. **Individual Instruction and Counselling**

4. **Research Activities/College Activities/Community Activities**

Signatures:

Faculty Member

Date

Chair

Date