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| **Name: I. M. Good****Date: May 31, 2016****AY: 2016-2017****Dept**:: **PROPOSED ADDITIONAL RESPONSIBILITIES****ACADEMIC YEAR 2016-2017**  |
| **ACTIVITY** | **RELATIONSHIP TO COLLEGE/DIV/DEPT.**  | **EXPECTED OUTCOMES BY**  | **EVALUATION OF PROGRESS TOWARD**  |
|  | **MISSION/GOALS/PRIORITIES** | **END OF ACADEMIC YEAR** | **GOAL OUTCOME** |
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