

**ZICKLIN SCHOOL OF BUSINESS, BARUCH COLLEGE
EXECUTIVE COMMITTEE**

ADJUNCT FACULTY PARTICIPATION SUMMARY

The Zicklin School is required by its accrediting body, AACSB, to collect information on activities that all adjunct faculty members engage in outside of required teaching obligations. As an institution, we wish to encourage these kinds of involvements because they benefit our students and full-time faculty. The information you provide will help us assess adjunct faculty participation and also supply information required by our accrediting body. We thank you in advance for your input.

Faculty Member Name _____

Department _____

If you have participated in any of the activities listed below **one or more times** at Baruch College in the **most recent 5-year period**, please indicate a “yes” for these items.

Have you...

- | | | |
|---|---------|--------|
| 1. attended Departmental meeting(s)? | Yes ___ | No ___ |
| 2. attended Departmental, Zicklin School, or Baruch College events? | Yes ___ | No ___ |
| 3. participated with or advised a student club or group? | Yes ___ | No ___ |
| 4. helped recruit undergraduate or master’s students? | Yes ___ | No ___ |
| 5. advised students on academic issues outside of class/office hours? | Yes ___ | No ___ |
| 6. advised students on career planning outside of class/office hours? | Yes ___ | No ___ |
| 7. participated in course or program development? | Yes ___ | No ___ |
| 8. served on a committee? | Yes ___ | No ___ |
| 9. attended a faculty development meeting? | Yes ___ | No ___ |

10. participated in other activities? Please explain, or expand on anything referred to above that you wish.

**PLEASE RETURN COMPLETED FORM WITH YOUR RESUME BY
DECEMBER 1st TO:**

**Hardcopy: Attention: Associate Dean Rob Ducoffe, Box B13-260
OR**

E-mail: sibelanil76@yahoo.com