



**NORTH CAROLINA COMMUNITY COLLEGE SYSTEM**  
*R. Scott Ralls, Ph.D., President*

May 6, 2008

**DEADLINE: June 2, 2008**

**MEMORANDUM**

**TO:** Faculty Upgrade Coordinators

**FROM:** Van C. Wilson  
Associate Vice President  
Academic & Student Services

**SUBJECT:** 2007-2008 Faculty Upgrade Final Reports

Faculty Upgrade final reports should be submitted by June 2, 2008, to my attention at the North Carolina Community College System, 5016 Mail Service Center, Raleigh, NC 27699-5016. Please use the attached form to report your total expenditures for 2007-2008. Additional sheets may be required in order to list all program activities; however, it is requested that information be detailed and summarized using the attached format.

Thank you for your continued support of our Professional Development Program. If you have questions or need assistance in completing your final report, please contact me at [wilsonv@nccommunitycolleges.edu](mailto:wilsonv@nccommunitycolleges.edu) or by phone at 919-807-7098.

Attachments

VCW/pck

cc: Presidents  
Chief Academic Officers  
Dr. Delores Parker  
Ms. Alice Smith  
Ms. Terry Shelwood  
Ms. Karen Yerby

**CC08-106**  
**E-Mail**

**NORTH CAROLINA COMMUNITY COLLEGE SYSTEM  
FACULTY UPGRADE PROGRAM (Formerly TIER A)  
FINAL REPORT FORM (2007-2008)**

**College: \_\_\_\_\_**

**Faculty/Staff Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_**

*Please use this form to report your Faculty Upgrade activities and total expenditures for 2007-2008. Submission of this report will positively support program documentation and provide results to the General Assembly. Completed form should be submitted by June 2, 2007, to Van Wilson, North Carolina Community College System, 5016 Mail Service Center, Raleigh, NC 27699-5016, with a copy to your college President. For your convenience the form may also be completed electronically and forwarded to [kuryp@nccommunitycolleges.edu](mailto:kuryp@nccommunitycolleges.edu)*

**I. TOTAL ALLOCATION \$ \_\_\_\_\_**

**Return-To-Industry            Amount (1/3) \_\_\_\_\_ Amount Spent \_\_\_\_\_ Balance \_\_\_\_\_**

**Faculty/Staff                    Amount (2/3) \_\_\_\_\_ Amount Spent \_\_\_\_\_ Balance \_\_\_\_\_**

**TOTAL DOLLARS SPENT \$ \_\_\_\_\_ TOTAL PERCENT SPENT % \_\_\_\_\_ BALANCE \$ \_\_\_\_\_**

**II. LIST ALL RETURN-TO-INDUSTRY ACTIVITIES (attach additional sheets if necessary)**

Participant	Agency/Activity/City/State	Number of Hours	Substitute Salary Cost	Cost of Activity
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*Total No. Participants*

*Total No. Hours*

College: \_\_\_\_\_

**III. LIST ALL FACULTY/STAFF UPGRADING ACTIVITIES (add sheets if necessary)**

Participant	Describe Activity	City/State	Cost of Activity
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*Total No. Participants*

*Total No. Hours*

**IV. PLEASE IDENTIFY FACULTY UPGRADE ADVISORY COMMITTEE (name/title)**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.