IOWA STATE COLLEGE—SERVICE REPORT Date Jam 14-29 Department Library Quarter Winter Fart Time . Full Time Part Time or Full Time Name Charles H. Brown Rank Crofessor L. brang Office Room, No. 2-04 Bldg. PERCENT INSTRUCTOR'S RECORD OF PERSONAL TEACHING ASSISTANCE RECEIVED PERCENTAGE DISTRIBUTION OF SERVICE Research and graduate subjects conducted by conference Instructional Work-*Description Lect. Rec. or Quiz Laboratory 30% Preparation, Grading Name urs of of Assistant No. of Hours of Teaching No. of Student No. of Student Total teaching time (hrs.) papers Consultation Clock A No. Hou (1) (7) (4) (8) -(9) (10) (12) 12 13 Bes Low y CerE pon Research-*DETAILS TO BE GIVEN ON REVERSE 101 10 STDE. 5 % Cheme Frimsking up XX Frame Warner 90 90 mis a.s. alles report on Financial 70 70 admin tating of Using, trances Warner Administration-*Description In charge leborary ANALYSIS OF REGISTRATION (Should include total number in all sections of each subject) INTERDIVISIONAL INSTRUCTION CLASSES Extension-*Description 四四 Others Engr. 图 Agr. Ind. Library activities, So. 13 梅 Coverponduces &c un Rural Citoraries & 18 19 10 3 Otrions 90 90 cirs 90 90 Other Activities-*Description 70 110 President Down Lib 76 10% 19 19 19 casting Committee a.L.a *Use Supplemental 100% TOTAL xx and others. (OVER) 21322 For 6 weeks Laboratory methods

INSTRUCTOR'S TEACHING SCHEDULE

NOTE—Write after the course number Lc. for lecture, C for conference, R for recitation or quis, and Lb. for laboratory. If you have more than one section of the same subject, distinguish the sections by small numerals above and to the right of the subject number to which they apply. E.g., 609° Lc. means a lecture hour in subject 609, second section. Mark "O.H." for office hours regularly observed for consultation.

	Hour of Meeting	7	8	9	10	11	12	1	2	8	4	5	
М	Subject No.												
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^{*}Should check with numbers given on face hereof.

RESEARCH (To be filled in if research is reported on reverse)

Report on all projects or problems in progress, or which have not previously been reported as Dropped, Completed or Suspended

Name of Dept. or Section	Official Number of	**In Charge, Cooperating,	Part of Research Time		If incomplete, give pro					
Name of Dept. of Section	Official Number of Project or Problem	**In Charge, Cooperating. Assisting, Consulting	Problem	In Progress	Initiated	Suspended	Dropped	Completed	able date of completion	
Library		In Change	aee_	V					Tobse grante	

**Abbreviate as I. C., Coop., As., Con.
Give complete stations to all publications which have appeared under your name in last three months, and include the number of the problem or project represented

(Use additional sheet if mor ce is needed)