

**MENDOCINO COLLEGE**  
**CERTIFICATION OF COMPLETED FLEX ACTIVITIES – FORM 300 (7/10)**

Name:

Date:

FT Faculty – Academic Year:

PT Faculty – Semester:

List each activity separately and summarize what you've accomplished from each (include details):

I have completed the approved agreement with an hourly commitment equal to or greater than the hours specified. (Full-time faculty also completed Program Review and SLO assessment using the designated 12 hours.)

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL**

All Faculty-Dean \_\_\_\_\_ Date \_\_\_\_\_

FT Faculty-Flex Review Committee \_\_\_\_\_ Date \_\_\_\_\_

FT Faculty-Flex Review Committee \_\_\_\_\_ Date \_\_\_\_\_