

Teaching Load & Conference Hours Report

SEMESTER ____ Year ____

NAME _____ OFFICE NO. ____ EXT. _____

DEPARTMENT/SCHOOL _____

<i>Course Prefix & Number</i>	<i>Sec.</i>	<i>Course Title</i>	<i>Sem. Hours</i>	<i>Class Time</i>	<i>Class Days</i>	<i># Students Enrolled</i>	<i>Class Location: Bldg./Room</i>

OFFICE HOURS

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Signature _____

12TH CLASS DAY WORKLOAD REPORT

Semester _____ Year ____

NAME _____ RANK _____ FULL TIME _____ PART TIME % _____

Department / School _____ Ext. _____

OFFICE HOURS OFFICE NO. _____

I.

Course prefix and Number	Sec.	Course Title	Sem. Hrs.	Meeting Time	Meeting Days	Students Enrolled	*Type of Activity	% of Workload

*1. Lecture 2. Laboratory 3. Practicum 4. Seminar 5. Independent Study 6. Private Lessons 7. Self-paced instruction
8. Group Television Instruction 9. Supervision of Thesis or Dissertation

II.

	Appointment Title	Code	Salary	Source of Funds	% of Salary	% of Workload
Instructional						
Administrative						
Professional						
Other						

Regular Teaching Responsibilities with Another Institution? Yes ____ No ____

III.

Course No.	Sec.	Course Title	Sem. Hrs.	Time	S	M	T	W	Th	F	Sat	No. of Students Enrolled

IV. Consulting Positions or Assignments with Private Industry and Other Agencies External to the University or Other additional employment.

Yes ____ No ____

Position or Assignment _____

Employer _____

Time _____ Days _____ Duration _____

Signature _____