



OFFICE OF ACADEMIC AFFAIRS

TEACHING LOAD FORM

Faculty: _____ Department: _____
 Rank: _____ Semester/Year: _____

Class Schedule

Course Number	Course Title	Credit Hours	Enrollment	Day/Time
TOTAL:				

Course Overload/Independent Study

Course Number	Course Title	Credit Hours	Enrollment	Day/Time
TOTAL:				

Office Hours*

Office Location/Room No.:

Day	Hours	Number of Hours

Full-Time Part-Time (Adjunct)

Release Time: (credit hours)

Source: (a) Research/Grant (name/number): (b) Administrative: (c) Sabbatical (year/date): (d) Other:

Faculty Signature: _____ Date ____/____/____

Approved: _____ Date ____/____/____
Division/Department Chairperson

Approved: _____ Date ____/____/____
Vice President for Academic Affairs

*Must be a minimum of 10 hours per week for full-time faculty and 1 hour per course for adjunct faculty.