

TEACHER LOAD REPORT
Provost and Vice President for Academic Affairs

PLEASE COMPLETE ALL REQUESTED INFORMATION

Faculty Name _____

K No. _____

Semester or Term: _____

Title _____

PIN No. J _____

Department _____

ORGANIZED COURSES					INDIVIDUALIZED COURSES				THESES/DISSERTATIONS				LABS TAUGHT				
Course	Sect	Sem Hrs	Lect Hrs p/w	No of Stud	Course	Sect	Sem Hrs	No of Stud	Course	Sect	Sem Hrs	No of Stud	Course	Sect.	Sem Hrs	Clock Hrs p/w	No of Stud *
CRN					CRN				CRN				CRN				
CRN					CRN				CRN				CRN				
CRN					CRN				CRN				CRN				
CRN					CRN				CRN				CRN				
CRN					CRN				CRN				CRN				
LABS/RECITATIONS SUPERVISED			APPLIED MUSIC			SUPERV STUDENT TEACH			COMPOSITE COURSES **			RELEASE TIME					
Course and CRN	No of Sections	Clock Hrs p/w	No of Studs	Semester Hours	Course and CRN	Sem Hrs	Number of Students	Crs and CRN	Crs and CRN	Total Number of Students	Total Number of Hours Released						
*Only if lab carried semester hour credit ** In addition to listing above																	
ASSURANCE STATEMENT: We certify that this faculty member's academic credentials meet all SACS requirements.																	
Signature of Faculty Member: _____				Signature of Chair _____				Signature of Dean: _____				Date: _____					
FOR OFFICE USE: PLEASE DO NOT WRITE BELOW THIS LINE																	
_____ Revised; Explanation _____ Person Authorizing Change: _____																	
CLOCK HOURS						LOAD COMPUTATION											
Lecture	Labs Taught	Lab Supervision	App Mus	Lecture	Labs Taught	Labs Supervised	Applied Music	Student Teachers									

Semester Hours - I.I. _____

Total Semester Hours _____

Total Students _____

Total Load _____

_____ Percent Effort (appointment 01 and 02 – CBM 008)

Reassigned Time _____