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. <u>J</u>	Departmen <u>t</u>

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	1			<u> </u>	CRN			<u> </u>	CRN				CRN				
CRN					CRN			CRN			CRN						
											Crs and CRN	Crs and CRN	Total Nur of Stude	Total Number of Hours Released			