

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