

Faculty Workload Form

Faculty Name _____ School _____
 Contract: 9 month _____ 10 month _____ 11 month _____ 12 month _____
 Stipend: Yes _____ No _____

FALL 2017 Number of Advisees _____

Program Coordinator Yes _____ No _____ Clinical Coordinator Yes _____ No _____

Other Release(s) from Teaching Load _____

Committee Assignments: _____

Other Duties/Assignments: _____

Course #/Title	Cr Load Assigned	Contact hours or equivalent	Campus Location	Enrollment
TOTAL HOURS				

Spring 2018 Number of Advisees _____

Program Coordinator Yes _____ No _____ Clinical Coordinator Yes _____ No _____

Other Release(s) from Teaching Load _____

Committee Assignments: _____

Other Duties/Assignments: _____

Course #/Title	Cr Load Assigned	Contact hours or equivalent	Campus Location	Enrollment
TOTAL HOURS				

Summer 2018

Number of Advisees _____

If teaching during the summer:

Summer Overload/Adjunct Yes _____ No _____

Other Duties/Assignments: _____

Course #/Title	Cr Load Assigned	Contact hours or equivalent	Campus Location	Enrollment

Signature of Faculty _____

Date _____

Signature of Dean _____

Date _____