

FACULTY WORK LOAD FORM

Name:					Calendar Year:					Track:			
Rank:					Department:								
Identification #:					College:								
WORK LOAD CATEGORIES													
Section I: Instruction	PROJECTED Activity				ACTUAL Activity								
A. Teaching/Courses (Spring)	Course	Sec	Cr Hrs	Max	Course	Sec	Cr Hrs	Con Hrs	Comments	Enroll. <u>UG</u> <u>GR</u>			
(Fall)													
B. Indiv. Studies/Internships (Spring) (Summer) (Fall)	Name			Semester	Name			Semester	Course No.				
C. Thesis/Dissertation Chair	Name			Semester	Name			Total Cumulative Sem(s) Enrolled	Completed?				
D. Thesis/Dissertation Committee Member Comp. Exam Chair Comp. Exam. Comm. Mbr.	Name			Semester	Name							Which Semester(s)	
	Section I - Subtotal: %Spr				Subtotal:							% Spr	
	% Fall											%Fall	

Section II: Research/Scholarship	PROJECTED Activity	%	ACTUAL Activity	%
A. Research & Scholarship				
B. University Supported Grants and Awards				
C. Grants & Contracts* *cf Externally funded projects; complete Addendum A				
	Section II - Subtotal:	% Spr	Subtotal	% Spr
		% Fall		% Fall

Section III: Service	PROJECTED Activity	%	ACTUAL Activity	%
A. Advising				
B. Professional				
C. University/College/Dept.				
D. Community				
	Section III - Subtotal:	% Spr	Subtotal:	% Spr
		% Fall		% Fall

Section IV: Administration (must be approved by Dean and Academic Vice-President)	PROJECTED Activity		ACTUAL Activity	
A. Administration				
	Section IV - Subtotal: % Spr		Subtotal: % Spr	
	% Fall		% Fall	

	TOTAL % Spr	100	TOTAL % Spr	100
	% Fall	100	% Fall	100

Notes:

Faculty Member: _____ Date: _____

Dept. Head: _____ Date: _____

Academic Dean: _____ Date: _____

Academic VP: _____ Date: _____

President: _____ Date: _____