

Name _____ Dept _____

I. Fall

A. Regular Load

1. Instructional Assignments

Dept	Course #	Course Name (optional)	Campus	Online	Metro	Teleprence	Grad,ITV	Extra e.g.	Credit Load

2. Non-Instructional Assignments (include Form B)

		Cred Equiv

Fall Load Total

B. Overload

(include Form C)

Dept	Course #	Source of Funding (Dept/Dean/Ext Camp)	Campus	Online	Metro	Teleprence	Grad,ITV	Extra e.g.	Credit Load

Fall Overload Total

II. Spring

A. Regular Load

1. Instructional Assignments

Dept	Course #	Course Name (optional)	Campus	Online	Metro	Teleprence	Grad,ITV	Extra e.g.	Credit Load

2. Non-Instructional Assignments (include Form B)

		Cred Equiv

Spring Load Total

B. Overload

(include Form C)

Dept	Course #	Source of Funding (Dept/Dean/Ext Camp)	Campus	Online	Metro	Teleprence	Grad,ITV	Extra e.g.	Credit Load

Spring Overload Total

III. 2019-2020 Year Total

Regular Load Total

Overload Total

The proposed assignment has been communicated to the faculty member with the understanding that the assignment may be subject to change as necessitated by university needs.

Recommendation/Acknowledgement of Chair

Date

Approval:

Dean

Date