

Name \_\_\_\_\_ Dept \_\_\_\_\_

**I. Fall**

**A. Regular Load**

1. Instructional Assignments

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

2. Non-Instructional Assignments (include Form B)

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

Fall Load Total

**B. Overload**

(include Form C)

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

2. Non-Instructional Assignments (include Form B)

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

Spring Load Total

**B. Overload**

(include Form C)

Dept	Course #	Source of Funding (Dept/Dean/Ext Camp)	Campus	Online	Metro	Telepresence	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