

**GRAMBLING STATE UNIVERSITY
REPORT ON TEACHING LOAD**

DEPARTMENT _____

NAME _____

20 Fall | Spring | Summer I | Summer II |

NOTE PLEASE PRINT List of classes in the following order: All 8:00 to 9:00 AM classes first, 9:00 – 10:00 AM classes next, etc. Please total semester hours, students, credit hours, contact hours, and conference hours. Kindly state major University duties outside the classroom. Include standing committees, class-related – student organizations sponsored, etc. in the space provided below. Use reverse side of the sheet for any other services performed for the University.

CRN	Course Number	Course Title	Semester Hour Credit	Number of Students	Student Contact Hours	Contact Hours	Hours	Days	Building & Room
TOTALS									

Conference Hours

	M	T	W	H	F	S		M	T	W	H	F	S
8:00	<input type="checkbox"/>	1:00	<input type="checkbox"/>										
9:00	<input type="checkbox"/>	2:00	<input type="checkbox"/>										
10:00	<input type="checkbox"/>	3:00	<input type="checkbox"/>										
11:00	<input type="checkbox"/>	4:00	<input type="checkbox"/>										
12:00	<input type="checkbox"/>	5:00	<input type="checkbox"/>										

TOTAL (minimum of ten) _____

MAJOR CAMPUS DUTIES

FACULTY SIGNATURE

DEPARTMENT HEAD SIGNATURE

DEAN SIGNATURE