

# FACULTY INSTRUCTIONAL ACTIVITY SCHEDULE

NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

SEMESTER/YEAR \_\_\_\_\_ FACULTY ID # \_\_\_\_\_

**1. A. COURSE SCHEDULE**

COURSE TITLE	COURSE #	PERIOD (On-line Delivery=OD)	#ENROLLED	CREDIT HOURS

**B. LAB HOURS SCHEDULE**

COURSE TITLE	COURSE #	TIME	LAB HOURS

**C. REASSIGNMENT**

ACTIVITY	CREDIT HOURS

**D. TOTALS (A + B + C)**

CREDIT HOURS + LAB HOURS + REASSIGNMENT	TOTAL HOURS

**2. SCHEDULED OFFICE HOURS**

DAY	TIME	# HOURS
<b>TOTAL OFFICE HOURS</b>		

**3. OTHER ON-CAMPUS STUDENT RESPONSIBILITIES**

RESPONSIBILITY	# STUDENTS

**4. Academic Outreach & Extended Programs (List course number, title, location)**

CREDIT COURSE	# STUDENTS
GUIDED STUDY COURSE	# STUDENTS
NON-CREDIT COURSE	# STUDENTS

**5. INSTRUCTIONAL ACTIVITIES NOT INCLUDED ABOVE**


TO BE COMPLETED BY DEPARTMENT CHAIR	
ACTIVITY	HOURS PER WEEK
Contact hours per week for instruction	
Credit hours per week of instruction. (Equate laboratory sections, supervision, and special situations to full-time equivalent loads.)	
Signature of department chair:	