Page 1 of 3

**SCHOOL:** **[ ] AGRICULTURAL AND NATURAL SCIENCES** **[ ] THE ARTS AND PROFESSIONS** **[ ] BUSINESS AND TECHNOLOGY** **[ ] PHARMACY AND HEALTH PROFESSIONS**

**[ ] Fall** **[ ] Spring**

**Due Date: September 30 Due Date: February 28**

1. Form is to be completed by the **faculty member** and given to Administrative Assistant for **typing only.** Within five business days, forms are submitted to the Department Chair with a letter of transmittal.
2. Forms are reviewed by the Department Chair for approval. Unapproved forms should be returned to the faculty with explanation for the return. Within five business days, the Department Chair submits **approved** forms to the Dean with a letter of transmittal.
3. Forms are reviewed by the Dean for approval. Unapproved forms should be returned to the Department Chair with an explanation for the return. Within five business days, the Dean will forward the forms to the **Office of Institutional Research, Planning and Assessment.**
4. The original forms will be submitted to the **Office of Institutional Research, Planning and Assessment.** Forms should be submitted by the **Due Dates** indicated above. An **electronic copy** should be maintained in the **Dean’s office.**

**Department: Name: Teaching Load - Semester Hours**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COURSE****NUMBER** | **SECTION** | **TITLE** | **() IF TEAM TAUGHT COURSE** | **SEM.****HRS.** | **DAYS** | **TIME OF****DAY** | **PLACE** | **ENROLLMENT** | **STUDENT****CR. HRS.\*** | **CONTACT****HOURS****(Weekly)** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Total** |  |  |  |  |  |  |  |  |

**\*Multiply entry in SEM.HRS by entry in ENROLLMENT to produce entry in STUDENT CR HRS.**

**\*\* include labs, if applicable, in the above grid and note that 2 hour lab supervised = 1 credit hour/contact hour = .333 course units, based on COMAR**

Page 2 of 3

**SCHOOL: [ ] AGRICULTURAL AND NATURAL SCIENCES [ ] THE ARTS AND PROFESSIONS [ ] BUSINESS AND TECHNOLOGY [ ] PHARMACY AND HEALTH PROFESSIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course #** | **Title** | **Formula** | **Semester Hrs.** | **Student Credit Hrs.** | **Total Semester Hours traditional plus non-traditional** **Credit Hrs.** |
|  |  |  |  |  |  |
| **800 - 899** | **Dissertation & doctorate level individual studies** | **# credits x # students X 3 =** **9** |  |  |  |
| **799** | **Masters’ Thesis** |  **# credits x # students X 3**  **12** |  |  | **Total Student Credit Hours****(Addition of traditional and non-traditional student Credit Hours)** |
| **500 - 798** | **Other graduate level individual studies**  |  **# credits x # students X 3 =** **18** |  |  |  |
| **100 - 499** |  | **# credits x # students X 3 =**  **21** |  |  | **Total Contact Hours** |

Page 3 of 3

|  |  |
| --- | --- |
| **BOOK INFORMATION** | **POSTED OFFICE HOURS****\*Give actual hour (do not use notation)** |
| **AUTHOR** | **TEXTS TITLES** | **PUBLISHER** | **DAY** | **GENERAL\*** | **STUDENT CONFERENCE\*** |
|  |  |  | **Monday** |  |  |
|  |  |  | **Tuesday** |  |  |
|  |  |  | **Wednesday** |  |  |
|  |  |  | **Thursday** |  |  |
|  |  |  | **Friday** |  |  |
| **ADDITIONAL UNIVERSITY RESPONSIBILITIES (Committees, Counseling, etc.) :**  |
|  |

**If the above teaching load semester hours do not total 12, please account for the % of time not teaching.**

 **[ ] \_\_\_\_%****Instruction related [ ] \_\_\_% Department-supported service - internal**

 **[ ]  Department Administration (Chair )** **[ ] \_\_\_% Department-supported service – public**

 **[ ]  %** **Externally funded research and service [ ] \_\_\_% Sabbatical**

 **[ ]  % Department-supported research [ ] \_\_\_% Contractual/illness**

 **[ ]  %** **Department-supported service profession [ ] \_\_\_%Other (explain)**

**Faculty member’s signature (Full Name) Date:**

**Supervisor’s Signature (Full Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Dean’s Signature: (Full Name) Date:**

REVISED 29/12/2013