

FACULTY SCHEDULE

Name: _____

Semester: _____

Please list your weekly work schedule. Identify teaching load by course number, section, and room location.

Show office, class, and administrative (program chairs) times.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7:30-8:00 am						
8:00-8:30 am						
8:30-9:00 am						
9:00- 9:30 am						
9:30-10 am						
10-10:30 am						
10:30 - 11 am						
11-11:30 am						
11:30-12 pm						
12 - 12:30 pm						
12:30 - 1 pm						
1 - 1:30 pm						
1:30 - 2 pm						
2:30 - 3 pm						
3 - 3:30 pm						
3:30 - 4pm						
4- 4:30 pm						
4:30 - 5pm						
5- 5:30 pm						
5:30 - 6pm						
6- 6:30 pm						
6:30 - 7 pm						
7- 7:30 pm						
7:30 - 8 pm						
8 - 8:30 pm						
8:30 - 9 pm						
9 - 9:30 pm						
9:30 - 10pm						

CREDIT HOURS

CONTACT HOURS

OF SECTIONS

AVG CLASS SIZE

OFFICE HOURS
10 for faculty
16 for p.c.

Faculty Signature*

Date

Program Chair Signature

Date

Assistant Academic Dean's Signature

Date

Academic Dean's Signature

Date

*Faculty Signature attests to my understanding that my Faculty Schedule, when approved by all parties, will be a part of my Academic Contract.