

**OCSE
Faculty Workload Report**

Faculty Name:		WKU ID:	
Department:			
Professorial Rank:		Academic Year:	

Please do not add the course which resulted in the increase of workload.

Teaching Schedule

SEM	Course Number and Name	Credit Hours
FALL	1.	
	2.	
	3.	
	4.	
SPRING	1.	
	2.	
	3.	
	4.	

Faculty Signature Date

Director/Department Head/Chair Signature Date

Dean Signature Date