

EMBA Teaching Load Form

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Instructor Name		ID Number	
Department		Academic Rank	
Semester		Year	

#	Course Code	Course Name	Section	No. Student	Cr. Hrs.
1					
2					
3					
4					
5					
Total Teaching Load					

Official	Name & Signature	Date
Department Chair:		
College Dean:		
Registrar:		

Chancellor's Approval:			
Signature		Date:	