DOMINICAN UNIVERSITY OF CALIFORNIA
FULL-TIME FACULTY SELF-REPORT WORKLOAD FORM

Name:_____ **Program:**_____

A. WORKLOAD – FINAL YEAR: _____ Fall __ Spring __ Summer __

ACTIVITY		WORKLOAD UNITS/HOURS			OVER-LOAD	# OF STUDENTS		
Call No.	*Course Number and Title*	BANKED UNITS USED	LOAD	OVER-LOAD	BANKED OR PAID BY CONTRACT	TOTAL #	UG	GRAD
	SUBTOTALS:							
TYPE OF ADVISEMENT (IF APPLICABLE)						**# OF STUDENTS**		
General Education								
Majors								
	SUBTOTALS:							
ADMINISTRATIVE DUTIES/TITLE (IF APPLICABLE)								
	SUBTOTALS:							
	SEMESTER TOTALS:							

Number of adjuncts supervised: _____

B: INDEPENDENT STUDIES /HONORS EXPANSIONS/ SENIOR THESIS SUPERVISION IF NOT PART OF A CLASS

File on separate report form: on Dataworker\Public\Forms\Academic Affairs\Workload\Istudy.doc
Due January 15 for Fall, May 28 for Spring, and August 27 for Summer.

Faculty Signature:_____ **Date:**_____

Chair's Approval:_____ **Date:**_____

Dean's Approval:_____ **Date:**_____

Please return this form to the Dean's Office by November 11 for Fall, March 18 for Spring, and by July 20 for Summer.
Dean will verify and submit to VPAA by November 20 for Fall, April 3 for Spring, and August 2 for Summer.
Form available on the Intranet: Forms: Academic Affairs: Full-Time Faculty Self-Report Workload Form