Teaching Overload Form

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جامعة فهد بن سلطان
FAHAD BIN SULTAN UNIVERSITY

Instructor Name		**ID Number**	
Department		**Academic Rank**	
Semester		**Year**	

#	Course Code	Course Name	Section	No. Student	Cr. Hrs.
1					
2					
3					
4					
5					
6					
7					
Total Load					

	Number of Students	Equivalent Teaching Load (Cr. Hrs.)
Thesis		
Final Year Project 1		
Final Year Project 2		
Total Thesis/ Project loads:		

Administrative Loads *(Attach the letter of appointment):*	

Total Teaching Overload:	

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

President's Approval:		
Signature		**Date:**