

**TALLADEGA COLLEGE  
OFFICE OF ACADEMIC AFFAIRS  
TEACHING LOAD FORM**

NAME \_\_\_\_\_ SEMESTER \_\_\_\_\_ DATE \_\_\_\_\_

COURSE NAME & NUMBER*	DAYS	TIME	ENROLLMENT	LOCATION

\*PLEASE INCLUDE LABORATORY SCHEDULES

**OFFICE HOURS/CONFERENCE SCHEDULE**

DAY	TIME
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

SIGNATURE \_\_\_\_\_ OFFICE LOCATION \_\_\_\_\_

OFFICE EXT. \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

HOME MAILING ADDRESS \_\_\_\_\_