

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

SEMESTER _____

NAME _____ Adjunct _____ Full-time _____ DATE _____

COURSE NAME & NUMBER*	Credit Hours	DAYS	TIME	ENROLLMENT	LOCATION

*PLEASE INCLUDE LABORATORY SCHEDULES

OFFICE HOURS/CONFERENCE SCHEDULE

DAY	TIME
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

SIGNATURE _____ OFFICE LOCATION _____

OFFICE EXT. _____ TELEPHONE NUMBER _____

HOME MAILING ADDRESS _____