

# Minnesota State University, Mankato 2017-2018 Assignments

Name \_\_\_\_\_ Dept \_\_\_\_\_

Tech ID \_\_\_\_\_

I. Fall

**A. Regular Load**

*1. Instructional Assignments*

Dept	Course #	Course Name (optional)	Campus	Online	Metro	Teleprence	Extra e.g. Grad,ITV	Credit Load

*2. Non-Instructional Assignments*

								Cred Equiv

Fall Load Total

**B. Overload**

Dept	Course #	Source of Funding (Dept/Dean/Ext Camp)	Campus	Online	Metro	Teleprence	Extra e.g. Grad,ITV	Credit Load

Fall Overload Total

II. Spring

**A. Regular Load**

*1. Instructional Assignments*

Dept	Course #	Course Name (optional)	Campus	Online	Metro	Teleprence	Extra e.g. Grad,ITV	Credit Load

*2. Non-Instructional Assignments*

								Cred Equiv

Spring Load Total

**B. Overload**

Dept	Course #	Source of Funding (Dept/Dean/Ext Camp)	Campus	Online	Metro	Teleprence	Extra e.g. Grad,ITV	Credit Load

Spring Overload Total

III. 2017-2018 Year Total

Regular Load Total   
Overload Total

\_\_\_\_\_  
Chair Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
Provost/VPAA Date