FACULTY WORKLOAD – Program Level

COLLEGE OF _____

PROGRAM: BACHELOR _____

1st Semester, S.Y. 2026-2027

1. Faculty Name

Course No.	Descriptive Title	Faculty Credits	Hours		Units	Class Size	Year/Course/ Section	Lecture Schedule		Laboratory Schedule		Room
			Lec	Lab				Day	Time	Day	Time	
Designation												
	Total											
Number of Preparations: _____	Research Units: _____						Extension Units: _____ (Program Leader - Title of Program)			Production: _____		
No. of Regular Load: _____	**No. of Units as Overload:** _____						**Total Workload:** _____					

2. Faculty Name

Course No.	Descriptive Title	Faculty Credits	Hours		Units	Class Size	Year/Course/ Section	Lecture Schedule		Laboratory Schedule		Room
			Lec	Lab				Day	Time	Day	Time	
Designation												
	Total											
Number of Preparations: _____	Research Units: _____						Extension Units: _____ (Program Leader - Title of Program)			Production: _____		

No. of Regular Load: _____	No. of Units as Overload: _____	Total Workload: _____

Prepared by:

_____
Program Head

Reviewed by:

_____
Dean

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_____
Director for Instructor