**INDIVIDUAL FACULTY LOADING**

**\_\_\_\_\_\_ Semester SY \_\_\_\_\_\_\_\_**

**(SCHOOL)**

**(Campus)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Class Code** | **Course Number** | **Descriptive Title** | **Units** | **Workload Units** | **Contact Hours** | **Schedule****(Time/ Days)** | **Room** | **Mode of Instruction (FTF/ Modular/ Limited FTF)** | **Number of Students** |
|  XXXX | XXXX | XXXXX | 2/1 | 4.25 | 5 | 7:30-10:30 TTH | 202 | Modular (Modular Offline) | 50 |
|  XXXX | PCK 12 | ASSESSMENT OF LEARNING 2 | 3 | 3 | 3 | 8:00 – 9:00 MWF | 205 | FTF  | 50 |
|  XXXX | XXXX | XXXXX | 3 | 3 | 3 | 9:00 – 10:00 MWF | 201 |  FTF |  35 |
|  XXXX | XXXX | XXXXXX | 3 | 3 | 3 | 1:00 – 2:30 TTh  | 203  | Limited FTF  (every Thursday) |  45 |
|  XXXX | XXX | XXX | 3 | 3 | 3 | 1:00 – 2:30 TTH  | 203  | Limited FTF (every Tuesday) |  50 |
|  XXXX | XXXXX | XXXXX | 1/2 | 5.5 | 7 | 11:00 -12:00 T1:00 -4:00 TTH  | 306 | FTF  | 40  |
| **Total** | **15** | **21. 75** | **24** |  |  |  |  |
| **Number of Preparation** | **3** |  |  |  |  |  |  |

**Note**: *If the course uses a Modular Approach, the modules should be reviewed and approved by the IMDC vis–a–vis the syllabus and submit a class program that shows the course title, lessons, activities, & remarks.*

Prepared by: Reviewed: Recommending Approval: Approved:

 **XXXXXXXXXXXXXX XXXXXXXXXXXXX XXXXXXXXXX AREL B. SIA-ED, Ed. D.**

 Course Facilitator Program Chairperson School Dean Campus Director