Date

**EDGAR G, CUE, PhD.**

*SUC President III*

MPSPC, Bontoc, Mountain Province

**Sir:**

*Greetings!*

This is to transmit the faculty loading for \_\_\_\_\_\_\_\_ Semester, S.Y. \_\_\_\_\_\_\_\_\_ for your approval.

Thank you!

Respectfully,

**NAME OF CAMPUS DIRECTOR**

*Campus Director*

**FACULTY LOADING**

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

**(FOR FACULTY WITHOUT DESIGNATION)**

**NAME OF FACULTY**

|  |  |  |  |  |  |  |  |  |  |
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| **Class Code** | **Course Number** | **Descriptive Title** | **Units** | **Workload Units** | **Contact Hours** | **Schedule**  **(Time/Day)** | **Room** | **Pre-requisite** | **Maximum Number of Students** |
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| **TOTAL** | | |  |  |  |  |  |  |  |
| **Number of Preparations** | | |  |  |  |  |  |  |  |

**(FOR FACULTY WITH DESIGNATION)**

**NAME OF FACULTY (TITLE OF DESIGNATION)**

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| **Class Code** | **Course Number** | **Descriptive Title** | **Units** | **Workload Units** | **Contact Hours** | **Schedule**  **(Time/Day)** | **Room** | **Pre-requisite** | **Maximum Number of Students** |
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| Sub-Total | | |  |  |  |  |  |  |  |
| Admin Function | | |  |  |  |  |  |  |  |
| **Total** | | |  |  |  |  |  |  |  |
| **Number of Preparation** | | |  |  |  |  |  |  |  |

**(FOR COS FACULTY)**

**NAME OF FACULTY**

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| **Class Code** | **Course Number** | **Descriptive Title** | **Units** | **Workload Units** | **Contact Hours** | **Schedule**  **(Time/Day)** | **Room** | **Pre-requisite** | **Maximum Number of Students** |
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| **TOTAL** | | |  |  |  |  |  |  |  |
| **Number of Preparations** | | |  |  |  |  |  |  |  |

**(FOR PART TIME )**

**NAME OF FACULTY**

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| **Class Code** | **Course Number** | **Descriptive Title** | **Units** | **Workload Units** | **Contact Hours** | **Schedule**  **(Time/Day)** | **Room** | **Pre-requisite** | **Maximum Number of Students** |
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| **TOTAL** | | |  |  |  |  |  |  |  |
| **Number of Preparations** | | |  |  |  |  |  |  |  |

*Note:*

*1-2 preparations – 24 units*

*3 & above preparations – 21 units*

Prepared by:

**NAME OF CHAIRPERSON**

Department Chairperson

Recommending Approval:

**NAME OF CAMPUS DIRECTOR**

Campus Director – Bontoc Campus

Approved:

**EDGAR G. CUE, PhD.**

SUC President III

CC.

*Department (File)*

*Campus Director*

*Director for Instruction*

*Vice President for Academic Affairs*

*Registrar’s Office*