



OVCA FORM 102A: INDIVIDUAL ACADEMIC TEACHING FACULTY SCHEDULE

____ Semester/Term, School Year ____

Name of Instructor/Professor: _____
SURNAME FIRST NAME M.I.

Full Time Permanent Full Time Probationary Full Time Fixed Part Time

Take note of the following in accomplishing this form:

1. Write the course, section, room assignment and learning modalities in each box slated for teaching hour/s.
2. Write CH (Consultation Hour), AW (Administrative Work), ARP (Academic-Related Pursuits) in the schedule. The ARP includes service to the community, outreach and research work and there is no need to specify. Kindly indicate the room/office in each box slated for CH, AW, and ARP.
3. Shade fully the boxes which are not used for teaching/consultation/ administrative work/ academic-related pursuits.

***Note: For full-time/ fixed term faculty, minimum of 6 hours is required for CH and ARP**

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
0700-0730						
0730-0800						
0800-0830						
0830-0900						
0900-0930						
0930-1000						
1000-1030						
1030-1100						
1100-1130						
1130-1200						
1200-1230						
1230-0100						
0100-0130						
0130-0200						
0200-0230						
0230-0300						
0300-0330						
0330-0400						
0400-0430						
0430-0500						
0500-0530						
0530-0600						
0600-0630						
0630-0700						

Teaching Load: _____ Units	
No. of Teaching Hrs./Week	_____
No. of Consultation Hrs./Week	_____
No. of Hrs. for Academic-Related Pursuits/Week	_____
No. of Hrs. for Administrative Work/Week	_____
Total No. of Hours/Week	_____

CONFORME:

Signature of Instructor/Professor

ENDORSED: _____
Chair/Program Director

RECOMMENDED: _____
Dean

APPROVED: _____
Naomi M. de Aro, RN, MAN, EdD
Vice Chancellor for Academics

Note: Please accomplish in four (4) copies: Faculty Member, Department Chair/Program Director, Dean, File
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