

ASSUMPTION UNIVERSITY

EXTRA TEACHING HOURS

Full-time

Part-time

DAY PROGRAM...../..... SEMESTER MONTH.....

Name..... Surname..... Code

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Course No.....Course Title.....Section.....

Lecture

Interview

Oral test

IELE

Lab

No.	Date (dd/mm/yy)	Class start	Class end	Hours	Signature	Remark
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Total hours						

Checked by

Approved by

.....
Office of Human Resource Mgt.

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Dean / Chairperson

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