### Attachment G-1

**TEACHING INFORMATION FORM (formerly TLD, Teaching Load Data)**

Persons proposed for faculty promotions or merit increases are asked, through their Department Chair, to supply this information about their teaching assignments.

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| Name: |       | Department: |       |

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| Departmental teaching statement:  |

* + 1. **Teaching Record – Course Number, Units, Enrollment, Evaluation:**

Most recent past year: \_\_\_\_\_\_\_\_

**Fall Quarter Winter Quarter Spring Quarter**

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| Course No./Title | Units | Enroll. | Eval**.** | Course No./Title | Units | Enroll. | Eval. | Course No./Title | Units | Enroll. | Eval. |
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2nd past year: \_\_\_\_\_\_\_\_

**Fall Quarter Winter Quarter Spring Quarter**

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| Course No./Title | Units | Enroll. | Eval**.** | Course No./Title | Units | Enroll. | Eval. | Course No./Title | Units | Enroll. | Eval. |
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3rd past year: \_\_\_\_\_\_\_\_

**Fall Quarter Winter Quarter Spring Quarter**

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| Course No./Title | Units | Enroll. | Eval**.** | Course No./Title | Units | Enroll. | Eval. | Course No./Title | Units | Enroll. | Eval. |
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* + 1. **Current Fall Quarter Assignments:**

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* + 1. **Graduate Student Instruction.** List below your responsibilities for the period under review:

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| --- | --- | --- | --- | --- |
| Student Name | M.A. or Ph.D. | Role (Major Professor, Thesis Director, Committee Member (with type of committee explained) | Co-Advisor's Name | Date Completed |
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Eval. = Indicate Y (Yes) if student evaluations of teaching were conducted for the course. Indicate N (No) if no evaluations were collected.