

UNIVERSITY OF EASTERN AFRICA, BARATON

OVERLOAD TEACHING CLAIM FORM

TRIMESTER _____

ACADEMIC YEAR _____

NAME _____

DEPARTMENT _____

A. INSTRUCTIONAL DETAILS

| COURSE CODE | COURSE TITLE | NO. OF CREDITS | NO. OF STUDENTS | ACADEMIC LOAD UNIT |
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TOTAL ACADEMIC LOAD UNITS _____

LESS NORMAL ACADEMIC LOAD UNITS _____

OVERLOAD UNITS/HOURS PER WEEK _____

TOTAL INSTRUCTIONAL WEEKS _____

TOTAL OVERLOAD HOURS _____

UNIVERSITY OF EASTERN AFRICA, BARATON

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(a) Honorarium

No. of Hours _____

Rate _____

Total _____

APPROVAL

Department Head _____ Date _____

Dean of School _____ Date _____

Deputy Vice-Chancellor, Academics _____ Date _____