

Course time report

One form each month				Month:	
Course name		Course code		Is this your final form for this course? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Personal number			E-mail		
Family name			First name		
Street Address					
Postcode		City		Is this a new address? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a Master degree? Yes <input type="checkbox"/> No <input type="checkbox"/>			Received salary previously from Chalmers? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Lectures

Date	Time	Date	Time	Date	Time	Total hours
Date	Time	Date	Time	Date	Time	Of which after 6 p.m

Exercises

Date	Time	Date	Time	Date	Time	
Date	Time	Date	Time	Date	Time	Total hours
Date	Time	Date	Time	Date	Time	Of which after 6 p.m

Lab supervision

Date	Time	Date	Time	Date	Time	
Date	Time	Date	Time	Date	Time	Total hours
Date	Time	Date	Time	Date	Time	Of which after 6 p.m

Other activities

Date	Time	Specification	Date	Time	Specification	Total hours
Date	Time	Specification	Date	Time	Specification	

Lab correction						Exam correction
Nr lab 1	Nr lab 2	Nr lab 3	Nr lab 4	Nr lab 5	Total hours	Total hours

Date	Signature
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Checklist for the course responsible	Preparation time in hours (filled in by course responsible)		
1. Check the above figures 2. If this is the final form that this assistant will submit for this course, fill in number of hours agreed for preparation time. 3. Fill date and signature.	Lectures	Exercise classes	Labs
	Misc (specify)		
	Signature		
Date	Clarification of signature		