

FACULTY OVERLOAD ASSIGNMENT REQUEST FORM

(to be completed by faculty member, department chair, or dean)

This form is to be used whenever a faculty member requests permission to teach a course or independent study beyond his or her normal teaching load (as defined in *The Faculty Handbook*), or when the department chair or dean requests an overload assignment for a faculty member because of departmental need.

Name	_____	Semester	_____
Department	_____	Course	_____
School	_____	Credit hours for this course	_____
		No. of students expected	_____

Rationale for the overload assignment:

Comments (by department chair or dean):

Requested compensation, if any (to be completed by department chair or dean): _____

Rationale regarding compensation:

Faculty Member	_____	Date	_____
Department Chair	_____	Date	_____
Dean	_____	Date	_____
VPAA	_____	Date	_____
VP Bus/Fin	_____	Date	_____