

Full-Time Faculty Teaching Overload Request

_____ Semester/Year

Authority Reference: UR 12.03.99.H1 *Faculty Academic Workload and Reporting Requirements*

College: _____

Full-Time Faculty	Number, Title, and Section of Course	Course SCH	Rationale for Overload	Provost's Decision and Initials	
				Approved	Denied (with rationale)

Additional Dean Comments (if applicable): _____

Recommended and Submitted:

 Dean's Signature

 Date

 Provost's Signature

 Date

Note: This completed form (electronic or hard copy) is due to the Provost's office no later than 20 business days before the first class day of the semester for which the overload is requested. Emergency requests may be submitted after that date but must be supported by extraordinary circumstances to be considered.

Original: Provost's office
 Copy: Dean's office, Registrar's office