

College of Liberal Arts
Faculty Course Overload Request

Semester in which the overload will occur:

____ Fall Semester

____ Spring Semester

____ Summer Semester

Faculty Member

Department and Chair

Brief description of the need for this overload.

Courses to be taught by the faculty member this semester:

Will you have any course reassigned time this semester?

☐

YES, release # of hours _____, for _____

☐

NO

By signing below, I agree to complete the work outlined in this proposal and to submit a summary of the work completed following the timeline indicated above. I understand that not completing and/or not reporting the work may result in denial of future request for re-assigned time.

Faculty Member's Signature:

Date:

By signing below, I approve this request and verify that the work will benefit the department and/or graduate program.

Department Chair's Signature:

Date:

By signing below, I approve this request.

Dean's Signature:

Date: