

Faculty Overload Approval Form

Department Chair Initiating Request: _____ Date: _____

Overload Details:

Faculty Name: _____ Semester / Year: _____

Dates Covered by Request: _____

Type of Overload: Internal Overload (Faculty member in CHS)

External Overload (Faculty member outside of CHS)

Category for Overload: Clinical Instruction Research Service

Previous Overload(s) Processed for Academic Year: Yes No

Overload Payment Amount: _____

Account Number to be charged: _____

Justification for Overload Request [include activity description (task details and for which academic program) or course information (prefix and #, course title, credit hours, enrollment, etc.)]:

**If overload is not for faculty member's home department, please obtain approval from home department chair below:*

*Department Chair's Approval (if required)

Dean's Approval