

### Overload Request and Approval Form for Part-Time Instructors (TPT & RPT)

Department: \_\_\_\_\_  
 Departmental Contact: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_  
 Semester for Overload: \_\_\_\_\_

Overload Instructor Name: \_\_\_\_\_

Instructor Status: \_\_\_\_ Temporary Part-time (TPT) \_\_\_\_ Regular Part-time (RPT)

#### The Original Three Courses Taught by This Instructor

	Course Name	Course #	CRN	Section # & Subject Code	Semester	# of Credits
1.						
2.						
3.						

#### Name and Number of Overload Courses by This Instructor:

	Course Name	Course #	CRN	Section # & Subject Code	Semester	# of Credits
4.						
5.						

Narrative /Rationale for the Overload Request:

The overload course *does not* require additional part-time instructional funds: \_\_\_\_\_

The overload course *does* require additional part-time instructional funds: \_\_\_\_\_

Department Chair Approval: \_\_\_\_\_  
 Name Signature

Dean's Approval: \_\_\_\_\_  
 Name Signature

Vice Provost's Approval: \_\_\_\_\_  
 Name Signature