

**Overload Request and Approval Form for Part-Time Instructors (TPT & RPT)
Academic Year 2019-20**

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	Enrollment
1.						
2.						
3.						

Name and Number of Overload Courses by This Instructor:

	Course Name	Course #	CRN	Section # & Subject Code	Semester	Projected Enrollment
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

Provost’s Approval: _____
 Name Signature