Overload Request and Approval Form for Part-Time Instructors (TPT & RPT)
Academic Year 2023-2024

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

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course #</th>
<th>CRN</th>
<th>Section # &amp; Subject Code</th>
<th>Semester</th>
<th># of Credits</th>
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Name and Number of Overload Courses by This Instructor:

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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