



# REQUEST FOR NON-CREDIT OVERLOAD

## Faculty (including Academic Professionals)

Name of Faculty: \_\_\_\_\_  
Program Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_  
College: \_\_\_\_\_

Type of appointment:      9 month                      12 month                      FTE Equivalent

Tenured/TenureTrack  
Librarian Track Faculty

Non-Tenure Track (incl. Academic Professionals)  
Extension Faculty

Clinical Track Faculty (HSC)

Faculty workload for the period in which overload is requested: \_\_\_\_\_  
\_\_\_\_\_

Course Title to be taught: \_\_\_\_\_

Dates to be taught: \_\_\_\_\_

Estimated time per week required for non-credit instruction: \_\_\_\_\_ (if applicable)

Location where course is taught: \_\_\_\_\_

Maximum Enrollment Allowed: \_\_\_\_\_

Professional Development Credentialing: CEU credits \_\_\_\_\_ PDHours \_\_\_\_\_ CME \_\_\_\_\_

Other: (Explain) \_\_\_\_\_

Special qualifications or competence of faculty: \_\_\_\_\_  
\_\_\_\_\_

Source and amount of overload compensation\*:

DA No.: \_\_\_\_\_ Overload Dollar Amount: \_\_\_\_\_ \*Overload FTE \_\_\_\_\_

I hereby agree to provide this overload course and certify that provision of this overload course will not adversely affect my designated \_\_\_\_\_ FTE responsibilities.

\_\_\_\_\_  
Faculty Signature

**APPROVAL:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Chair or Director: \_\_\_\_\_

Dean: \_\_\_\_\_

Associate Provost \_\_\_\_\_

Dr. Sue Day-Perroots, Associate Provost for Undergraduate Academic Affairs, Office of the Provost, PO Box 6203

\* Overload FTE is measured as .20 FTE per three-credit course (or the equivalent), the total overload is not to exceed 0.20.

Submit signed copy to: Designated EBO of Employee