REQUEST FOR NON-CREDIT OVERLOAD
Faculty (including Academic Professionals)

Name of Faculty:_____ Date:_____
Program Affiliation: _____ College _____
Type of appointment: ____ 9 month ____ 12 month _____ FTE Equivalent
Tenured/TenureTrack _____ Non-Tenure Track (incl. Academic Professionals) _____
Clinical Track Faculty (HSC) _____ Librarian Track Faculty _____
Extension Faculty _____

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. Cheryl Torsney, Associate Provost for Academic Programs, 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