

Date Requested: \_\_\_\_\_  
Date Sent: \_\_\_\_\_  
Initials: \_\_\_\_\_

## TEACHING ASSIGNMENT OVERLOAD

Department \_\_\_\_\_

Date \_\_\_\_\_

Request For \_\_\_\_\_

Full-Time

Adjunct

Semester \_\_\_\_\_

Year \_\_\_\_\_

List the courses the faculty member is already scheduled to teach:

Last overload assignment \_\_\_\_\_

Or N/A

Is this person scheduled to teach in another department?

Yes

No

If yes, which department? \_\_\_\_\_

Reason for Request:

Department Chairperson \_\_\_\_\_

Date \_\_\_\_\_

Reason for Approval or Denial

Academic Dean \_\_\_\_\_

Date \_\_\_\_\_

Director of Human Resources \_\_\_\_\_

Date \_\_\_\_\_

*Return this form to:*  
Academic Affairs, Taubman Bldg, 9th Fl  
201 East Kirby Street, Detroit, MI 48202  
Phone: (313) 664-1484  
Fax: (313) 664-1490