ACADEMIC AFFAIRS
ATHENS STATE UNIVERSITY

FACULTY OVERLOAD REQUEST FORM

OFFICE OF THE PROVOST

_____ Semester/Year

Name	Employee ID Number

Teaching Schedule

	CRN, Prefix/Cross List, Course Number, and Course Title	Credit Hours
1.		
2.		
3.		
4.		
5.		
	Total	

Overload Requested

CRN, Prefix/Cross List, Course Number, and Course Title	Credit Hours

Justification

_____
Instructor   Date

_____
College Dean   Date

_____
Provost & Vice President for Academic Affairs   Date
and Student Services

☐ **Request Approved by Provost**   ☐ **Request Denied by Provost**

Please Note: Final approval by the Provost & Vice President for Academic Affairs and Student Services does not guarantee the overload. All overloads are contingent upon enrollment. Full-time faculty are restricted to no more than one class overload in any semester per Policy Number IV.23.