

Faculty Non-Instructional Assignment/Release Request

OFFICE OF THE PROVOST

Academic Year:

Requesting Dean/Administrator:

Date:

Faculty Name:

Faculty Department:

Name of NIA/Release:

Requested Credit Hours of NIA/Release per term: Fall Spring Summer

College of Assigned NIA

Description of Duties:**Anticipated Product/Deliverable:**

Please Note: Full-time faculty are restricted to no more than one class overload in any semester per Policy Number IV.23.

Faculty Member's Signature:		College Assistant Dean Signature:	
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	Provost Signature:		Date:
Reason:			

FOR OFFICE OF ACADEMIC AFFAIRS USE ONLY:

CODE:

Cr Hrs Posted:

Date Posted:

Posted by:

Will this assignment result in an overload: