

Faculty Workload Form

Faculty Name: _____

- Request:** Course Development
 Extraordinary Circumstance
 Workload Adjustment

(Please review the Faculty Workload Policy, Academic Affairs #002, before submitting.)

Course Development Section (if applicable; list converted hours in blank and attach Course Change Form)

- Establish New Course (.5:1) _____ (Lecture Hour Equivalency)
 Build Online Course (.25:1) _____ (Lecture Hour Equivalency)

- Extraordinary Circumstance** (if applicable; attach schedule including faculty member names, location, and enrollment per course section)

Workload Adjustments (if applicable; attach schedule including faculty member names)

- Overload: Total Credit Hours _____ (Full-time Faculty Only)
 Prorated: Total Course Enrollment _____ (Adjunct Faculty Only)

Dean of Campus Administration Signature

Date

Associate Provost Signature

Date

Provost & Vice Chancellor of Academic Affairs Signature
(Signature for Extraordinary Circumstance Section Only)

Date