

# Arts & Sciences Graduate Studies Overload Request

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Department \_\_\_\_\_

Citizenship \_\_\_\_\_ Current Appointment \_\_\_\_\_

Hours:

Number of Hours Per Week: \_\_\_\_\_ TOTAL Number of Hours: \_\_\_\_\_

Overload Start Date: \_\_\_\_\_ Overload End Date: \_\_\_\_\_

Monetary Amount:

Hourly Stipend: \_\_\_\_\_ TOTAL Stipend Amount: \_\_\_\_\_

Percentage of Effort: \_\_\_\_\_

Description of Overload Duty \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**This overload request will not interfere with the student's academic progress.**

\_\_\_\_\_  
**Graduate Advisor Signature**

**Departmental Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Assistant Dean, Graduate Studies** \_\_\_\_\_ **Date** \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO LISA KUBICK, A&S GRADUATE STUDIES, 5141 SENNOTT SQUARE.

ONCE APPROVED, PLEASE ATTACH A COPY OF THIS APPROVAL TO THE SUPPLEMENTAL EARNINGS FORM AND FORWARD TO THE A&S DEAN'S OFFICE, 917 CL FOR PROCESSING.