

Graduate Student Assistantships Overload Request Form

This form must be completed and all approvals secured through [IRIS](#) at least 7 days prior to the start of the overload appointment (Teaching Fellow (TF), Teaching Assistant (TA), Instructional Assistant (IA), Research Assistant (RA), Research Assistant-Tuition Eligible (RA-TE), Graduate Assistant (GA), Graduate Assistant Non-Exempt (GA-NE)). Upon approval from the Dean of the Graduate School, this form must be attached to the ePAR and submitted through the necessary workflow for further approval.

I. STUDENT INFORMATION

Name: _____ Student ID: _____

Residency: Domestic International*

*International students on F-1 or J-1 visas may not hold overload appointments during the fall or spring semesters while classes are in session.

Employment Information

List current position(s) and proposed overload position(s).

1. Appointment Title: _____ Hours/Week: _____ FTE: _____

Duration of Position: From ___/___/____ To ___/___/____
Date Date

Employing College: _____ Employing Department: _____

2. Appointment Title: _____ Hours/Week: _____ FTE: _____

Duration of Position: From ___/___/____ To ___/___/____
Date Date

Employing College: _____ Employing Department: _____

3. Appointment Title: _____ Hours/Week: _____ FTE: _____

Duration of Position: From ___/___/____ To ___/___/____
Date Date

Employing College: _____ Employing Department: _____

Total Hours/Week: Total FTE:

Have you previously requested an overload? Yes No If so, when? _____

Student: *The above information is correct, and I accept the responsibilities associated with the proposed overload.*

Signature

Print Name

___/___/_____
Date

II. DESCRIPTION OF OVERLOAD ACTIVITIES AND JUSTIFICATION FOR NEED

Must be completed by overload employer only; attach additional documents if needed.

(If overload is for instructional purposes, include: course name, course number, and approximate number of students enrolled in section)

Overload Assignment Supervisor (if different than Academic Chair): *I certify that the student named above has been offered employment in the qualified position above and is assigned the job duties provided for the dates indicated.*

Signature

Print Name

___/___/_____
Date

III. APPROVALS

Faculty Advisor: *I have reviewed the proposed work and it should not affect academic performance.*

Signature

Print Name

___/___/_____
Date

Academic Department Chair/Academic Dean: *I have assessed and approved the signatures above. The proposed work should not affect academic performance.*

Signature

Print Name

___/___/_____
Date

Graduate School:

Signature

Print Name

___/___/_____
Date