SAVANNAH STATE UNIVERSITY

3219 College Street Savannah, GA 31404

Division of Academic Affairs Overload Employment Request

	Dean for the College of				and				
fossor	to receive compens				e seeking appro			r (airele ene)	
nester beginning	to receive compens	iding	iling an o	venoac	i during the Spi	iiiy/raii/	Summe	i (dide one)	
rently, Professor									
Tentily, Professor	Name t	leaching load is	5 a5 101101	W5.					
Course Prefix				Cours	no I Cou	reo I	Studo	nt Credit	
and Number	Course Title			Credi		Course Enrollment		Hours (SCH)	
		TOTAL							
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Addicated				# Of	Course Preps_		=		
Additional Course to b	e taugnt:								
Course Prefix		_			Student				
and Number	Course Title	Course Credits	Course Enrollment		Credit Hours (SCH) Sa		ary	Accour	
	Course ritte	Ciedits	LIIIOII	IIIICIIL	110015 (5011)	Jai	ai y	Accour	
Note: Ind	ependent Study – \$300 per student								
Note. Ind	ependent olddy – 4000 per stadent								
Justification – Write a	brief statement explaining why this requ	est is made an	d the cor	nseque	nces of non-ap	proval			
	his request, the University agrees to ed salary guidelines for overloads.								
	pproved to teach only one overload p								
	ojects; etc. will not be approved for ov			,			3		
Signed:		Signed	1.						
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	Dean/Date		l:	Vice	President for A	cademic	Affairs/	 Date	
Signed:	Dean/Date		l:	Vice	President for A	cademic	Affairs/	Date	
Signed:	Dean/Date		l:	Vice	President for A	cademic	Affairs/	Date Date	
Signed:	Dean/Date Budget Officer /Date	Signed			President for A	cademic	Affairs/	Date	
Signed:	Dean/Date	Signed			President for A	cademic	Affairs/	Date	