



WESTERN MICHIGAN UNIVERSITY

College of  
Arts and Sciences

### Overload Request Form

Faculty Name:

Rank:

Department:

Semester:

Workload Assignment (list all planned courses for the semester):

COURSE	MINIMUM ENROLLMENT FOR COURSE	ANTICIPATED ENROLLMENT FOR COURSE

Rationale for assigning overload:

Source of funding for the overload request: Choose an item.

\*If dean's commitment, please be sure to submit a dean's commitment form.

\*\*If other, please describe here:

Print Requester's Name:	<input type="text"/>	Phone:	<input type="text"/>
Chair's Signature: <small>Required for consideration</small>	<input type="text"/>	Date:	<input type="text"/>

**\*\*Email the completed form to [coas-budget@wmich.edu](mailto:coas-budget@wmich.edu)\*\***

**\*\*Departments will be notified by the Budget Office of approval or denial via email.\*\***

\*\*\*\*\*Do not write below this line. Dean's office use only.\*\*\*\*\*

Approved:  Denied:

Dean Signature:	<input type="text"/>	Date:	<input type="text"/>
-----------------	----------------------	-------	----------------------