

COLLEGE OF ARTS & SCIENCES COURSE LOAD REDUCTION REQUEST

The College of Arts & Sciences is dedicated to compliance with UM and UMSL workload policies.

- 1.) Faculty member requests course load reduction for the academic year by forwarding this for to his/her Department Chair by July 1st for Fall semester and October 15th for Winter semester.
- 2.) Each semester requires a separate course load reduction request.
- 3.) The Department Chair forwards any supported requests to the Dean.

TO BE COMPLETED BY FACULTY MEMBER:

Date: _____

Faculty Member's Name: _____ Department: _____

Courses To Be Taught During Release Semester:

1.	<input type="text"/>	SCH	<input type="text"/>	Enrollment	<input type="text"/>
2.	<input type="text"/>	SCH	<input type="text"/>	Enrollment	<input type="text"/>
3.	<input type="text"/>	SCH	<input type="text"/>	Enrollment	<input type="text"/>
4.	<input type="text"/>	SCH	<input type="text"/>	Enrollment	<input type="text"/>

If course information above is changed this course release may be CANCELLED. Please notify Dean's Office of any changes.

REDUCTION CATEGORY:

<input type="checkbox"/> New Hire	Hire Date:	<input type="text"/>		
<input type="checkbox"/> Reimbursed Research	Percentage:	<input type="text"/>	MoCode:	<input type="text"/>
<input type="checkbox"/> Administrative	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	MoCode:	<input type="text"/>
<input type="checkbox"/> Other	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	MoCode:	<input type="text"/>

Justification (required):

NOTE: Funding distribution changes, where the cost is paid by another source, are effective for the semester that the buy-out occurs.

TO BE COMPLETED BY DEPARTMENT CHAIR:

- Do Not Support (Sign and forward to the Dean, copy to faculty member)
 Support (Complete the section below, sign and forward to the Dean)

Course Reduction to be Covered by:

<input type="checkbox"/> Inload	Faculty:	<input type="text"/>
<input type="checkbox"/> Overload	Faculty:	<input type="text"/>
<input type="checkbox"/> Adjunct	Name:	<input type="text"/>
<input type="checkbox"/> GTA	Name:	<input type="text"/>
<input type="checkbox"/> Other	Explain:	<input type="text"/>

Comments:

Department Chair Signature: _____ Date: _____

TO BE COMPLETED BY DEAN:

Approve

Do Not Approve

Comments:

Dean Signature: _____ Date: _____

Office Use Only: