# 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

<table>
<thead>
<tr>
<th>Name: __________________________</th>
<th>Student ID: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residency: Domestic</td>
<td>International*</td>
</tr>
</tbody>
</table>

#### 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:** __________________________

<table>
<thead>
<tr>
<th>Total Hours/Week:</th>
<th>Total FTE:</th>
</tr>
</thead>
</table>

Have you previously requested an overload? Yes [ ] No [ ] If so, when? __________________________

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*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.*
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