UNIVERSITY of HOUSTON | GRADUATE SCHOOL

Graduate Assistant Overload Request Form

(This form must be completed and submitted in IRIS at least 7 days prior to the start of the overload appointment)

I. STUDENT			
Current Appointment			
Name:	Stud	lent ID:	
Appointment Title:		FTE:	
Appointment Title:		FTE:	
Proposed Overload Appointment			
Appointment Title:			
Duration of Appointment: from $\frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$ to $\frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$			
Average Hours/Month: Employing Department:			
Student: The above information is correct, and I accept the responsibilities associated with the proposed overload.			
Signature	Print Name	/	
II. DESCRIPTION OF OVERLOAD ACTIVITIES AND JUSTIFICATION FOR NEED (TO BE COMPLETED BY OVERLOAD EMPLOYER ONLY; ATTACH ADDITIONAL DOCUMENTS)			
(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	M M D D Y Y Y	

III. APPROVALS			
Advisor: I have reviewed the proposed work and it should not affect academic performance.			
Signature	Print Name	/	
Academic Department Chair/Academic Dean: I have reviewed the proposed work and it should not affect academic performance.			
Signature	Print Name	//	
Graduate School:			
Signature	Print Name		