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. [_____] SCH [___] Enrollment [___]

2. [_____] SCH [___] Enrollment [___]

3. [_____] SCH [___] Enrollment [___]

4. [_____] SCH [___] Enrollment [___]

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

REDUCTION CATEGORY:

☐ New Hire   Hire Date: [_____]

☐ Reimbursed Research Percentage: [____]   MoCode: [_____]

☐ Administrative   ☐ Unfunded ☐ Funded   MoCode: [_____]

☐ Other   ☐ Unfunded ☐ Funded   MoCode: [_____]

Justification (required):
[_____]

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

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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:

☐ Inload   Faculty: [_____]

☐ Overload   Faculty: [_____]

☐ Adjunct   Name: [_____]

☐ GTA   Name: [_____]

☐ Other   Explain: [_____]

Comments:

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Department Chair Signature: _____ Date: _____

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TO BE COMPLETED BY DEAN:

☐ Approve   ☐ Do Not Approve

Comments:

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Dean Signature: _____ Date: _____

Office Use Only: