

MSUAASF/MAPE

I agree that _____ has my permission to teach _____ (name of credit generating course) on an overload basis for _____ credits during the _____ semester. It is understood that _____ will make up the hours missed at her/his regular position.

Signature of Supervisor/Director

Date

* This signed form must accompany the yellow faculty appointment request form or the CEL authorization form