**INCREASED CREDIT LOAD APPROVAL FORM  
For Adjuncts teaching over 10 credits**Instructions: This form must be filled out for any adjunct assigned more than 10 credits in any semester.

Please list all courses you are proposing for the faculty member.

**School:** Click or tap here to enter text.

**Semester:** Click or tap here to enter text.

**Date Requested:** Click or tap to enter a date.

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| **LAST NAME** | **FIRST NAME** | **U#** | **DEPT** | **CAMPUS** | **COURSE NAME** | **CRN** | **# OF CREDITS** | **EXPLANATION/SPECIAL CIRCUMSTANCES** | | **JUSTIFICATION FOR ADJUNCT OVERAGE** |
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| **Department Chair Signature:** | |  | | | |  | | |
| **Dean/Associate Dean Signature:** | |  | | | |  | | |
| **Provost Office Signature:**  [**associateprovost@pace.edu**](mailto:associateprovost@pace.edu) | |  | | | |  | | |
| **Office of the Provost Administrative Coordinator:** | |  | | | |  | | |