**INCREASED CREDIT LOAD APPROVAL FORM  
For Full-Time Faculty teaching over 32 credits**Instructions: This form must be filled out for every full-time faculty member assigned more than 32 credits (including scholarly release time) for the full academic year.

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

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

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

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

**Last Name:** Click or tap here to enter text.

**First Name:** Click or tap here to enter text.

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| **Non-Instructional Credit Description**  **(Administrative appointment, faculty advisor, etc.)** | **Budget**  **Index** | **Actual # of Credits** | **Release Time** | **Campus** | **JUSTIFICATION FOR**  **CREDIT OVERAGE** |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
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| **TOTAL # OF CREDITS/RELEASE TIME** |  | Click or tap here to enter text. |

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| **Instructional Credit Description** | **Budget**  **Index** | **Actual # of Credits** | **Semester** | **Campus** | **Course Name** | **CRN** | **JUSTIFICATION FOR**  **CREDIT OVERAGE** |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **TOTAL # OF CREDITS** |  | Click or tap here to enter text. |
| **OVERALL TOTAL** | Click or tap here to enter text. |

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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:** |  |

**EXAMPLE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Non-Instructional Credit Description**  **(Administrative appointment, faculty advisor, etc.)** | **Budget Index** | **Actual # of Credits** | **Release Time** | **Campus** | **JUSTIFICATION FOR**  **CREDIT OVERAGE** |
| Scholarly Research | PXXXX | 3 | 3 | NYC | Click or tap here to enter text. |
| Chair Appointment | AXXXX | 6 | 3 | NYC | Click or tap here to enter text. |
| **TOTAL # OF CREDITS/RELEASE TIME** |  | 15 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructional Credit Description** | **Budget Index** | **Actual # of Credits** | **Semester** | **Campus** | **Course Name** | **CRN** | **JUSTIFICATION FOR CREDIT OVERAGE** |
| Course 1 | AXXXX | 3 | FA2020 | NYC | EXP1 | 0000 | Click or tap here to enter text. |
| Course 2 | AXXXX | 3 | FA2020 | NYC | EXP2 | 0001 | Click or tap here to enter text. |
| Course 3 | AXXXX | 3 | FA2020 | NYC | EXP3 | 0002 | Click or tap here to enter text. |
| Course 4 | AXXXX | 3 | SP2021 | NYC | EXP4 | 0003 | Click or tap here to enter text. |
| Course 5 | AXXXX | 3 | SP2021 | NYC | EXP5 | 0004 | Click or tap here to enter text. |
| Course 6 | AXXXX | 3 | SP2021 | NYC | EXP6 | 0005 | Unable to find adjunct with knowledge for this course topic |
| **TOTAL # OF CREDITS** |  | 18 |
| **OVERALL TOTAL** |  | 33 |