



Graduate Student Overload Assignment Request

****New procedures for approvals noted below**

Please choose the semester in which you are requesting an Overload (one semester only):			
<input type="radio"/> Fall <input type="radio"/> Spring	<input type="radio"/> Summer <input type="radio"/> Winter		
<p style="text-align: center; margin: 0;">Fall/Spring Guidelines:</p> <ul style="list-style-type: none"> Required for over 20 hours for FT GAs, 10 for Fellows Students cannot work over 30 hours total in Fall/Spring No international student Overloads for fall/spring 	<p style="text-align: center; margin: 0;">Summer/Winter Guidelines:</p> <ul style="list-style-type: none"> Summer Overload for all teaching above summer appt. Winter Overload for all teaching above initial appt. No overload needed for up to 40 hours of non-teaching 		

Student Information

Student Name		Has student advanced to candidacy?	<input type="radio"/> Yes <input type="radio"/> No
Student University ID Number (UID)		Is the student registered full time? (Must be registered FT for Fall/Spring overload)	<input type="radio"/> Yes <input type="radio"/> No
Visa Type			

Student Signature / Date _____

Department Information: Current Department _____ Department Requesting Overload _____

Current Employing Department:	Contact Name (will receive reviewed Overload)		
	Contact Fax	Contact Phone	
Current Title in Payroll:	Title for Overload Assignment (and course title if teaching)		
	Rate of Pay	Teaching \$ _____ per semester Non-teaching \$ _____ per hour	
Current Source of Funds (FRS #):	Source of New Funds (FRS#)		
	Overload Assignment Dates (not payroll dates)		
	<ul style="list-style-type: none"> Teaching assignment must start on 1st day of class Non-teaching dates should cover full period of duties Do not change 9½ month appts. to 12 for summer 		

I certify that this student is in good academic standing and that this overload assignment will not materially impede the student's progress towards the degree.

Advisor Name & Phone Number _____
 Advisor Signature & Date _____
 Graduate Director Name & Phone Number _____
 Graduate Director Signature & Date _____

****NEW! Overload Requests are now approved electronically**

- 1) Build the appointment in PHR;
- 2) In the PHR "Notes" section, include advisor's name, Graduate Director's name, and date of approval. This is required;
- 3) Maintain a copy of this form in the department or program files. Do not send form to the Graduate School;
- 4) Form is valid for a semester only, up to 10 hours per week. One overload per student per semester.

Policies regarding Graduate Assistant Overload Payments are found at http://www.apps.gradschool.umd.edu/catalog/assistantship_policies.htm#5