SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873

PT/OVL Request Form

Requesting Department: _____ Date: _____

Course Title: _____

Course Information: _____ _____ _____
Academic Year CRN Course Number/Prefix/Section (e.g. CH181-01)

Workload Hours: _____ Student Credit Hours: _____ Anticipated Enrollment: _____

Preferred Delivery Mode: Face-to-Face
F2F, Web, Blended, ITV, Dual Credit, CCC

Part of Term: 16 Week Session

Faculty Information:

Adjunct _____ Overload _____ Faculty Name (if known): _____

Justification for request:

Is this request due to a vacancy in your department? ◯Yes /◯No

Faculty Member Replacing _____ _____
Name Position Number

Is this request due to courses required beyond the ability for your faculty to teach in-load? ◯Yes /◯No

Is this request due to increased enrollments or program interest? ◯Yes /◯No

Could under-enrolled sections within the department be combined? ◯Yes /◯No

Could capacity be raised on existing courses to accommodate enrollments? ◯Yes /◯No

How many sections are on the schedule? _____ How many seats are available? _____

How many students are currently on a wait list? _____

Why is it important that this course is offered in this semester instead of a future term?

_____

What type of students could take this course (i.e. majors, minors, or general education)?

_____

Additional justification or information:

Department Chair Signature: _____ Date: _____

Dean's Approval Signature: _____ Date: _____

Provost's Approval Signature: _____ Date: _____