

MEMORANDUM

Date: \_\_\_\_\_

TO: \_\_\_\_\_, Dean, San Antonio College

FROM: \_\_\_\_\_, Chairperson \_\_\_\_\_

Signature

Department of \_\_\_\_\_

SUBJECT: Request for Approval of Double Overload for \_\_\_\_\_

Semester

Administrative approval is requested for the full-time faculty member named below to teach a double overload because of the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Name: \_\_\_\_\_

Prof. Classification: \_\_\_\_\_ Social Security No. \_\_\_\_\_

(II, III, IV, V, VI, VII)

Overload Course: \_\_\_\_\_ Acct. No. \_\_\_\_\_-2623

Double Overload: \_\_\_\_\_ Acct. No. \_\_\_\_\_-2623

ADMINISTRATIVE ACTION

\_\_\_\_\_  
Dean

\_\_\_\_\_  
President

\_\_\_\_\_  
Executive Vice President

\_\_\_\_\_  
*Upon administrative approval, submit to*  
Dean of Extended Srvs. \_\_\_\_\_ *Office.*