



# Annual Load Form

## Instructions

Fill out the attached form if a Non-Standard Annual Load, as defined in Article 13. A.1, is desired, with the required advance approval by both the Department Chair and the Vice President of Academic Affairs.

Faculty Name:

College Name:

Date:

Discipline:

Comments:

Academic Year:

### Summer 1

Course	Units
<b>Total</b>	

### Fall

Course	Units
<b>Total</b>	

### Winter

Course	Units
<b>Total</b>	

### Spring

Course	Units
<b>Total</b>	

**Summer 2**

<b>Course</b>	<b>Units</b>
<b>Total</b>	

Total Proposed Annual Load:

Total Annual Load for Discipline:

**Processing Portion**

**Department or Division Chair Processing Status**

Annual Load Plan was:

Recommended

Not Recommended

Department or Division Chair Name:

Department or Division Chair Signature:

Date:

Comments (Required if not recommended):

**Dean or Vice President Processing Status**

Annual Load Plan was:

Approved

Denied

Dean or Vice President Name:

Dean or Vice President Signature:

Date:

Comments (Required if denied):