



HAMPTON UNIVERSITY
 HAMPTON, VIRGINIA 23668

AUTHORIZATION TO TEACH IN THE DIVISION OF CONTINUING STUDIES:
ACCELERATED EVENING PROGRAMS & HAMPTON U ONLINE

I hereby authorize (Faculty Member's Name) _____ HU ID _____ in the Department of _____ to teach the following courses in the Division of Continuing Studies' Accelerated Evening Programs (face-to-face) or Hampton U Online (online) during the session designated. I further indicate that I am in agreement with the load designation below.

Session (circle one) Full 1-only 2-only Dates _____

Course Number	Course Name	Method of Instruction (circle one)	Load (circle one)
		Online In-Class	SSHU Overload
		Online In-Class	SSHU Overload
		Online In-Class	SSHU Overload

The below signatures indicate that the faculty member has agreed to teach the above mentioned course(s) for the Division of Continuing Studies and that the faculty member's department chair is aware of and is in agreement with the faculty member teaching said courses as a part of his/her load or as an overload. Faculty will not receive additional compensation for courses taught as a part of their load (i.e. counted toward SSHUs). An overload form must be initiated by the Chair and submitted for a faculty member teaching courses in addition to his/her load.

 Faculty Date

 Department Chair Date

 School Dean Date

 AEP or HU Online Director Date

 CECS Dean Date

* For 9 month faculty, this form is required for Fall II, Spring III& I.

** For 10 month faculty and 12 month employees this form is required all sessions and is subject to change based on departmental load.