



## 20\_\_\_\_ FALL ASSIGNMENT REQUEST

(To be completed by the Chair of the Academic Department)  
[i.e. Administrative Assist., Alternative work load]

Department: \_\_\_\_\_

### Other

Title (1-2 word titles please)	Instructor (Legal Name)	PER #	LHE

\_\_\_\_\_  
*Chairperson* *Date*

\_\_\_\_\_  
*College Dean* *Date*

\_\_\_\_\_  
*Graduate Dean* *Date*