

**MIAMI DADE COLLEGE**  
**Out-Of-Department Authorization Form**

**THIS FORM MUST BE INITIATED BY THE REQUESTING DEPARTMENT OR THE HOME DEPARTMENT CHAIR OF THE FACULTY MEMBER. THIS FORM MUST BE APPROVED BEFORE THE DATA FOR THE ASSIGNMENT IS ENTERED.**

Current Date: \_\_\_\_\_ Term for Request: \_\_\_\_\_

Name: \_\_\_\_\_ Department \_\_\_\_\_ Campus: \_\_\_\_\_

Home Qual #: \_\_\_\_\_

Department & Campus Offering Assignment: \_\_\_\_\_

Or

Department & Campus Requesting Assignment: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

**I: INLOAD - Teaching Assignment**

Course	_____	_____	_____
Reference #	_____	_____	_____
Days/Time	_____	_____	_____
Points	_____	_____	_____
Qual #	_____	_____	_____

**II. OVERLOAD -Teaching Assignment**

Course	_____	_____	_____
Reference #	_____	_____	_____
Days/Time	_____	_____	_____
Points	_____	_____	_____
Qual #	_____	_____	_____

**III. TASK ASSIGNMENT/CE HOURS**

Describe Assignment	Task Points/CE Hours	Release Points
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

End Date of Assignment: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Signature of Home Dept. Chair/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Total Overload/Task/CE Hours Approved: \_\_\_\_\_

Signature of Home Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Home Dean: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE REMEMBER TO ADHERE TO GUIDELINES REGARDING POINT LIMITS. Once signed, please return this form to the home department for data input. PLEASE ATTACH THE ASTRA CUMULATIVE POINT RECORD. Thank you.