



725 Commonwealth Avenue, Room 109
Boston, MA 02215
T 617-353-2404

Overbase Teaching Payment Request Form

Faculty Name: _____ BU ID: _____

Home Department/Program: _____

Overbase Department/Program (if different from home affiliation): _____

Semester and Year of Overbase Teaching: _____

Academic Year Base Course Load (2-6 courses depending on teaching load): _____ (# of courses)

	Course Number	Course Name	Anticipated	Actual	Enrollment
Fall					
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
Spring					
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Proposed Overbase Course Load:

	Course Number	Course Name	Anticipated	Actual	Enrollment
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Total overbase payment amount (see notes below): _____

Cost Center to be Charged: _____

Rationale for Overbase Teaching Need:



725 Commonwealth Avenue, Room 109
Boston, MA 02215
T 617-353-2404

Chair/Director Signature (electronic signature suggested):

Dean's Approval:

Provost's Approval (if required):

Notes:

Overbase compensation is normally at the standard per-course rate for the given department/program, irrespective of faculty rank.

In line with CAS policy, faculty who receive a course release in a given academic year are not normally eligible to receive overbase compensation, in CAS or another school/college, in that academic year. Full CAS policy on overbase teaching is detailed at:

<http://www.bu.edu/cas/faculty-staff/faculty-staff-handbook/faculty-personnel-issues/cas-policy-on-overbase-teaching/>

Revised January 31, 2013