

REQUEST TO TEACH OUTSIDE UNIVERSITY OF BALTIMORE

Name: _____ **Rank:** _____

School/College: _____

Please complete this form for each course you are requesting to teach at another college or university.

Note that the University System of Maryland Policy on Professional Commitment of Faculty (<http://www.usmd.edu/regents/bylaws/SectionII/II310.html>) limits full-time faculty to no more than two outside courses per contract year. Additional courses may be taught during the summer when faculty are off contract, but approval must still be requested and approved in advance.

Course title: _____

Credit hours: _____ **Term in which course will be taught:** _____

Name and address and contact person at institution where course will be taught:

I have reviewed the USM and the UB policies on the Professional Commitment of Faculty and declare that if approved this request will not interfere with my commitments as a UB faculty member. USM policy link above and UB link: <https://www.ubalt.edu/policies/academic/vi-8.1.pdf>

SIGNATURES *(This document may be signed electronically. All electronic signatures shall be given full force and effect as original signatures. This document may be executed and delivered in counterparts, and may be delivered by electronic mail, facsimile, or other transmission method. Any counterpart so delivered shall be deemed to have been duly and validly delivered and be valid and effective for all purposes.)*

Requesting Faculty Member

Recommendation Dept. Chair/ Executive Director Print Name Date

Recommendation Dean Print Name Date

Approval Provost Print Name Date

A copy of the signed request will be returned to the dean and the requesting faculty member.