

## Request for Teaching Load Reduction for Graduate Thesis and Project Directors

Program \_\_\_\_\_

Date \_\_\_\_\_

Faculty Name \_\_\_\_\_

Student's Name	Thesis/Project Title	Number of Credit Hours	Date of Completion

Course Reduction  
Semester \_\_\_\_\_ Year \_\_\_\_\_

Course No. \_\_\_\_\_ Title \_\_\_\_\_

Faculty's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_