

NYU STERN REQUEST TO EXCEED SUMMER CAP FORM

To be completed by Department Chair

Use this form to request Stern Dean and NYU Provost approval for faculty members who will exceed the 3/9th compensation cap during the summer.

Faculty Member Name	<input type="text"/>
Department	<input type="text"/>
Summer	<input type="text"/>
Current Base	<input type="text"/>
3/9th Cap	<input type="text"/>

Proposed Summer Activities and Compensation

Activity	Fraction (if applicable)	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Summer Compensation		<input type="text"/>
Amount Over Cap		<input type="text"/>

Please explain why exceeding the cap is necessary.

<input type="text"/>

Department Chair

Department Chair Signature

Dean's Office

Academic Appointments

Date

Date

Date