



Academic Affairs Reassigned Time Request Form

Name _____ L Number _____
Rank _____ Department _____
College _____ Telephone _____
Campus Mail _____ Type of Activity ☐ Research
Semester for release ☐ Fall Year _____ ☐ Other _____
☐ Spring Year _____ (specify)
☐ Both Year _____

How much reassigned time are you requesting (in number of classes, hours, or FTE)? How much time and effort will you spend on this activity. What is your goal for this reassigned time? What is your goal for this time next year? List any deliverables if applicable. Attach additional pages if necessary. (Limit 3 pages)

If your Reassigned Time Request was granted this year, please list your accomplishments. Failure to provide a summary of accomplishments and documentation will result in loss of further reassigned time.

Faculty Member Date

☐ Approval Recommended
☐ Not Approved

Department Chair Date
Can the department utilize current resources to absorb cost of reassigned time? ☐ Yes ☐ No

☐ Approval Recommended
☐ Not Approved

Dean Date

☐ Approval Recommended
☐ Not Approved

Provost Date