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| College of Nursing and Health ProfessionsFaculty Re-Assigned Time Report |
| Number of re-assigned time credits approved\_\_\_\_ Fall Semester\_\_\_\_Spring Semester\_\_\_\_Summer Semester  | Faculty Member |
| Brief description of the nature of the work that was planned for release time. |
| Brief description of how the completed scholarship impacted faculty development, program outcomes, and/or student outcomes |
| Planned next steps (if applicable): |
| By signing below, I acknowledge that the report reflects scholarly work that has been completed as outlined in the original proposal.  |
| Faculty Member’s Signature:  | Date: |
| By signing below, I acknowledge this report and completes the requirement for the scholarship release time.  |
| Program Chair Signature: | Date: |
| By signing below, I acknowledge this report and completes the requirement for the scholarship release time.  |
| Assistant Dean’s Signature: | Date: |