

College of Liberal Arts
Faculty Re-Assigned Time Request

Semester in which the re-assigned time will be used.

____ Fall Semester

____ Spring Semester

____ Summer Semester

Faculty Member

Department and Chair

Brief description of the nature of the work that is beyond the usual expectation of the faculty member's appointment.

Brief description of how the work benefits the department and/or program.

By signing below, I agree to complete the work outlined in this proposal and to submit a summary of the work completed following the timeline indicated above. I understand that not completing and/or not reporting the work may result in denial of future request for re-assigned time.

Faculty Member's Signature:

Date:

By signing below, I approve this request and verify that the work will benefit the department and/or graduate program.

Department Chair's Signature:

Date:

By signing below, I approve this request.

Dean's Signature:

Date: