## REQUEST FORM FOR ADMINISTRATIVE ASSIGNMENTS Year: Semester:

Name:	Department: _	
	ATIVE ASSIGNMENTS ARE APPROVED ONE SEMESTER A NEW APPROVAL FORM MUST	
Deadline dates for submis	ssions: FALL – MAY 15; SPRING – NO	VEMBER 15; SUMMER – APRIL 30
Title or Brief Description of R	equest:	
Amount of Release Time Requested: Inload: Overl		load:
This request is [check one]:  ☐ Ongoing ☐ One Semes	ter Only	☐ Final - Two Semesters Only
If ongoing or the final of t	wo semesters indicate number of contact	hours previously approved:
I agree to provide a writt	en report outlining my accomplishments in	regard to this project.
	Signature of Faculty Member	 Date
Administrative Approvals		
	Signature of Academic Department Chair	Date
	Signature of Academic Dean	Date
	Signature of Academic Vice President	Date
Disapproved		
Approved [number of co	ontact hours] Semester: _	
Approved as [check one]:  ☐ Ongoing ☐ One Semes	ter Only	☐ Final - Two Semesters Only
	completed projects must be submitted pri he last day of the semester for which th	_ ·

Rev. 4/07

Cc: Dean

Faculty Member

## Supporting Documentation (Not necessary for Ongoing Projects)

- 1. Project Title.
- 2. Goals and objectives for this proposed project.
- 3. Outline the duties and responsibilities that justify release-time or a stipend.
- 4. Specify the length of the project and the amount of release-time or stipend being sought.
- 5. Detail the outcomes that are expected. If other funds are required (e.g., travel, professional development), provide a detailed description of the total budget.
- 6. List any other requests and/or submit as a packet.