**NOMINATION FOR EXCEPTIONAL ASSIGNED TIME AWARDS -** 2024

 **TO BE COMPLETED BY FACULTY MEMBER**

Name: Rank:

School/Department/Unit:

Check one:  Tenured  Tenure Track, Current probationary year, circle one: 1 2 3 4 5 6

 Temporary

Check one: Will you have assigned time release in the 2024-2025 academic year?  Yes  No

Check one:  Academic Year  Fall  Spring

Check one: Request for Supported Activities

 Student mentoring, Advising, Outreach

 Development of high impact educational practices

 Assignment to classes with increased workloads

 Other\*

\*If other, please specify

Faculty Signature: Date:

**All signatures below are required in order to process your request.**

 **TO BE COMPLETED BY DEPARTMENT CHAIR/UNIT DIRECTOR**

Recommend Approval:  Yes  No Comments:

Signature: Date:

 **TO BE COMPLETED BY COLLEGE DEAN/UNIVERSITY LIBRARIAN/ADMINISTRATOR**

Recommend Approval:  Yes  No Comments:

Signature: \_\_ Date: \_\_