



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: _____

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