



**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 2025-2026 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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