Reassigned Time Application Form
Due October 1

Name: _____ **Rank:** _____ **Department:** _____

Semester(s) of requested reassigned time: Fall _____ **Spring** _____

Course(s) from which faculty member will be released: _____

Disposition of the course(s):

_____ **Canceled**

_____ **Assigned to another current faculty member**

_____ **Assigned to an adjunct faculty member**

_____ **Other (team taught, independent study, etc.)**

Plans for scholarly activity: (Please provide a concise description of the plans for scholarly activity**)** _____

_____

_____

Dissemination of the results of the work:

1) Indicate whether the work will result in submission of a manuscript, presentation at a professional conference, submission of a grant proposal, or other _____

_____

_____

2) Indicate the timeline for expected publication of the results of the work _____

_____

_____

Applicant's Signature _____ **Date** _____

Department Chair Approval _____ **Date** _____

Dean Approval _____ **Date** _____

Senior Vice Chancellor Approval _____ **Date** _____

Revised 8-29-12