

Reassigned Time Application Form
2024 – 2025 Academic Year

Name: _____ Rank: _____ Department: _____

Semester(s) of requested reassigned time: Fall Spring

Previous scholarly activity: Did you meet the goals you set for the previous year? Yes No If yes, please list your scholarly activity in detail from the previous year. If no, please explain why and what work you did instead.

Proposed scholarly activity: provide a concise description of your plans for scholarly activity for the semesters of requested reassigned time, including how the work will be disseminated and a timeline for completion.

Please attach a curriculum vita comprised of publications/scholarly activity from the past 3 years.

Applicant's Signature: _____ Date: _____

Department Chairs:

Assessment: Did the applicant meet the expectations from the previous year: Yes No

If no, please explain:

Course(s) and credit hours 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.)

Budget projection associated with request _____

Department Chair: Approve Deny _____ Date _____
(Signature)

Dean: Approve Deny _____ Date _____
(Signature)

Final Determination by Senior Vice Chancellor for Academic Affairs: Approve Deny

(Signature) Date _____