## Faculty Release Form



Office of Academic Affairs Revised: Fall 2021

## **Guidelines for Requesting Release Time**

Tenured and tenure-track faculty seeking release from normal teaching duties must complete this release form prior to any reduction in course load. No release time will be granted unless it is fully approved. The individual faculty member is responsible for completing the form before the release occurs. The completed form is submitted to the department head for review and approval and then to the dean. A clear description of what will be accomplished using the release time must accompany the form.

Request Form			
Name Depa		partment	
Faculty Title	Email		
Semester(s) for Release	FallSpring Year(s)	TT N1	Т
% of Release Time	Number of semester credi	t hours to be release	ed
Describe the purpose of the reaccomplished (attach an addresearch, please provide deta	elease from teaching duties ar ditional typed page if needed ailed information about the res	nd what specifically ). If release time is so earch project.	will be ought for
Faculty Member Signature	Date		
Department Head Name	Signature & Date	 Approved	Disapproved
Dean Name	Signature & Date	Approved	Disapproved
Note: Copy must go to Acad	demic Affairs		