

Faculty Release Time

Term: _____

Department Name _____

Date of Request: _____

Circle: **Main Campus** **Extended Campus**

Completed by: _____

Date of Revision: _____

Instructor Name (Last, First) AND 960	Percentage of Release	Reason for Release time (list one per line)	Code
Grand Total			

Codes:

ADJ - Adjunct

CHR - Chair

DICO - Director/Coordinator

LABC - Lab Coordinator

RSCH - Research

SPEC - Special Assignment

SPRE - Sponsored Research

Department Chair

Date _____

Dean/Director

Date _____