# Release Time Request

*** **IMPORTANT:** Please complete all fields. Incomplete form will be returned , which could delay the process. ***

**Name:** _____  **Email:** _____

**Department:** _____  **School:** _____

**ID number:** _____  **Supervisor:** _____

**Status:** _____  **Rank:** _____

**Start Date:** _____  **End Date:** _____

**Budget No.:** _____

**Contact hours:** _____  ☐ **Studio**  ☐ **Lecture**

**Expected hours per**  ☐ **Day** _____  ☐ **Week** _____

**Expected time Schedule:** _____

**Position Title:** _____

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**Main Responsibility:**

**(Check any one)**

☐ A – Academic Administration (Program Coordination, Accreditation, Admissions)

☐ B – Curriculum Coordination, Development and/or Support

☐ C – Instructional Support (Guest Lectures, Guest Critics, Student Support)

☐ D – Professional Service (Exhibitions, Publications, Event Coordination)

☐ E – Faculty Research & Fellowship (Professional Dev't, Grant-Funded, Sponsored Project)

☐ F – Contractual

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**List of Duties (Outline the project's responsibilities and outcomes in 2 to 4 sentences):**

**Chairperson's Signature:** _____  **Date:** _____

**Dean's Signature:** _____  **Date:** _____

**Provost's Signature:** Donna Heiland  **Date:** _____

Revised 08/02/19