MORGAN STATE UNIVERSITY Division of Academic Affairs Request for Faculty Release Time

This Request must be submitted to the <u>Office of the Dean</u> in observance of the following deadlines: Approval for Academic Year or Fall Semester - June 30th Approval for Spring Semester - November 15th This Request must be submitted to the <u>Office of Academic Affairs</u> in observance of the following deadlines: Approval for Academic Year or Fall Semester - July 15th Approval for Spring Semester - November 30th

Faculty Name:		
Faculty College/School:		
Faculty Department:		

Requesting Leave for:Fall_20Spring_20Academic Year 20

Complete Sections I and/or II below as appropriate.

Section I: List Proposed Alternative Assignment (s)

External Support	Grant Period	Banner #	Dollar Amount	% Release Time

Section II: List each non-classroom assignment and the corresponding release time. Attach any related documentation.

Department/School/University Assignments	% Release Time		
	-		

Total Release Time Requested for Sections I & II: _____

Proposed Teaching Load: ______ (# of credits) Proposed Release Time: ______ (# of credits) **Requested by:** Faculty Member's Signature Date [] Approved [] Disapproved Department Chair's Signature Date [] Approved [] Disapproved Dean's Signature Date [] Disapproved [] Approved Provost, SVPAA's Signature Date [] Received Office of Sponsored Programs Date