# REQUEST FOR FACULTY REASSIGNED TIME

**TO:**

Dean, Lumpkin College of Business and Technology

**FROM:** , Chair

School:

# DATE:

Credit unit(s) requested/term FA SP SU AY

**Brief description of project or purpose for which reassigned time is requested:**

**Rationale/justification of need:**

**Specific responsibilities assigned and outcomes expected:**

**Indicate how normal teaching assignment will be covered or how potential negative impact of instructional program will otherwise be avoided:**

# Approval:

 CU Fall CU SP

Dean Date