

REQUEST FOR FACULTY REASSIGNED TIME

TO: Dean, Lumpkin College of Business and Applied Sciences

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:

Approval:

_____ CU Fall

_____ CU SP

Dean

Date