REQUEST FOR CHAIR REASSIGNED TIME FROM TEACHING

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:

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