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:

Approval:

_________________________ CU Fall _____________________CU SP

_________________________ _____________________

_________________________ Dean _____________________ Date