REQUEST FOR CHAIR REASSIGNED TIME FROM TEACHING

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