

Faculty Release Time Approval Form Instructional Grants Program 2009-2010

A signed copy of this form must be included with the application for each faculty member who appears on the budget proposal as requiring release time for the proposed project. Please complete one form per person.

Faculty member requesting release time:

Name: _____ Title: _____

Dept: _____ School: _____

I am aware of the Instructional Grants Program proposal requiring release time for the faculty member listed above. I agree that if the proposal is funded I will approve release time for this member of my department.

(Signature of Department Chair)

(Date)

(Print Name and Title)