S O U T H E R N W E S T V I R G I N I A
COMMUNITY AND TECHNICAL COLLEGE
B O A R D O F G O V E R N O R S

Number:	**SCP-2748.A**
Origination:	**January 28, 1991**
Effective:	**January 1991**
Reviewed:	**August 2006**

RELEASE TIME REQUEST FORM FOR FULL-TIME FACULTY

Name of Faculty: _____ Faculty Rank: _____

Campus: _____ Division: _____

Release Time Requested

A short typed, double-spaced project description must accompany this request. It must include: Project Description, Purpose, Major Objectives, Time Table listing individual activities and deadlines, and Project Evaluation Procedures.

Short Description of Project: _____

_____

_____

Number of Credit Hours Release Time Requested: _____

Semester Released: ____ Fall Semester ____ Spring Semester ____ Summer

Beginning date _____ Ending Date: _____

Cost (in addition to salary): _____

Release Time Project Requested By: _____

Print Name Title Date

Faculty members' signature below indicates he/she agrees with the Release Time Request as presented:

_____
Faculty Member's Signature Date

☐Approved ☐Denied _____
Division Chairperson Date

☐Approved ☐Denied _____
Vice President for Academic Affairs Date

☐Approved ☐Denied _____
President or Designee Date