

SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-2748.A, Request for Release Time Form for Full-time Faculty

Name of Faculty: _____ Faculty Rank: _____

Campus: _____ School: _____

Signature of faculty member below indicates he/she agrees with the Release Time Request as presented.

Signature of Faculty Date

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

Approved Denied

Chair

Date

Approved Denied

Chief Academic Officer

Date

Approved Denied

President or Designee

Date