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