## SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE BOARD OF GOVERNORS

## SCP-2748.A, Request for Release Time Form for Full-time Faculty

Name of Facu	ılty:		Faculty Rank:			
Campus:			Department:			
Signat	ure of faculty	member below ir	dicates he/she agrees with t	the Release Time Request as pr	resented.	
		Sign	nature of Faculty	Date		
			Release Time Requested	d		
				equest. It must include: Projectleadlines, and Project Evaluatio		
Short Descr	ription of Proje	ect:				
			quested: Spring Semester	Summer		
Beginning Date:			Ending Date:	:		
Release Tin	ne Project	):				
Requested I	By:	Print Name		Title	Date	
☐ Approved	☐ Denied		Department Chairperson	Date		
☐ Approved	☐ Denied		Chief Academic Officer	Date		
☐ Approved	☐ Denied		President or Designee	Date		