## 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:		Division:	
Signature of faculty m	nember below indicates he/she aş	grees with the Release Time Request as	presented.
	Signature of Faculty	Date	
	Release Time	Requested	
		npany this request. It must include: Projectivities and deadlines, and Project Evaluat	
Short Description of Project	ot:		
Number of Credit Hours R	elease Time Requested:		
Semester Released:	Spring S	emester Summer	
Beginning Date:	E	nding Date:	-
Cost (in addition to salary)	:		
Release Time Project			
Requested By:	Print Name	Title	Date
□ Approved □ Denied			
	Dean	Date	
□ Approved □ Denied	Chief Academic Officer	Date	
□ Approved □ Denied	President or Designee	Date	