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 me	mber below indicates he/she	agrees with the Release Time Request as p	presented.
	Signature of Facult	ty Date	
	Release Time	e Requested	
		ompany this request. It must include: Proje ctivities and deadlines, and Project Evaluati	
Short Description of Project	:		
Number of Credit Hours Re	lease Time Requested:		
Semester Released:	Fall SemesterSpring	SemesterSummer	
Beginning Date:		Ending Date:	
Cost (in addition to salary):		-	
Release Time Project			
Requested By:	Print Name	Title	Date
□ Approved □ Denied			
□ Approved □ Defiled	Dean	Date	
□ Approved □ Denied	Chief Academic Officer	Date	
□ Approved □ Denied	President or Designee	Date	