NAME: ______________________ DATE: ________________

J#: ___________________ DEPARTMENT: ______________________

TITLE OF PROPOSED PROJECT: ______________________

ATTACH STATEMENT OF PROJECT WITH OUTCOMES: ______________________

SEMESTER REQUESTED (CHECK ONE): FALL_____ SPRING_____ SUMMER I_____ SUMMER II_____

DATE FINAL REPORT WILL BE READY: ______________________

NO WORK CAN BEGIN BEFORE A PROJECT HAS BEEN APPROVED.

I UNDERSTAND I WILL NOT BE PAID FOR WORK THAT IS NOT COMPLETED BY THE DUE DATE.

FACULTY MEMBER SIGNATURE: ______________________ DATE: ____________

DEPARTMENT HEAD: ______________________ DATE: ____________

DIVISION DEAN: ______________________ DATE: ____________

DIVISION DEAN: ______________________ DATE: ____________

VICE PRESIDENT FOR ACADEMIC AFFAIRS: ______________________ DATE: ____________

COMMENTS: ______________________

TYPE OF PROJECT (CHECK ONE): _____ EXTENDED TIME _____ RELEASED TIME

REASSIGNED TIME/HOURS: _________ SPECIAL PROJECT FUNDING/COST: ______________________

*OTHER: ______________________

*If funded through grant, please provide grant number: _________
If funded through Department or Division, please provide org. number: _________

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