

Re-assigned Time Request Form

Please complete the information below, obtain approval from the Department Chair, Dean and submit with the hardcopy proposal.

Principal Investigator _____

Title of Proposal _____

Course Name and Number to be re-assigned from _____

Term of course to be re-assigned _____

Verified dollar amount for replacement LEO faculty costs \$ _____

Principal Investigator

Date

Department Chair

Date

Dean

Date