**COURSE RELEASE REQUEST**

Date Submitted: / /

Faculty Name:

Department:

Amount of Release Requested (Reduction from Normal 12 Credit Hour Load or Equivalent):

Semester/Year of Release: /

Funding Source (e.g. Adjunct/Overload Budget, Grant Funding, or Presidential Funds):

Justification for Release:

Impact of Departmental Course Offerings:

Previous Course Release (Most Recent):

APPROVALS:

Department Chair Date

Division Chair Date

Vice President for Academic Affairs Date