

**Departmental Application for Reassignment from
Teaching for Engaging in Scholarly Activities**

NOTE: Applications for reassignments must be completed and approved prior to the preparation of the schedule for the semester for which the reassignment is requested. (Schedules are usually prepared in September for the following spring semester and in January for the following fall semester.)

Name: _____ Date: _____

Semester for which reassignment is requested: _____

Number of semester hours requested for reassignment (not to exceed three per semester):

Description of proposed research/scholarly activity to be completed with the reassignment (include timeline, deliverables, and supporting documentation, when appropriate, e.g. contracts from publishers, IRB approvals, etc.):

Anticipated cost to department: _____

Justification for Reassignment: Describe your recent history of research productivity. The description should be accompanied by documentation of your recent, active research agenda.

Approval by Chairperson _____ Date: _____