

**INSTRUCTIONAL ASSIGNED TIME REPORT
FOR THE _____ ACADEMIC YEAR**

Name of Applicant:

Title:

College:

Dept./Div.:

Period of Request:

Semester:

Year:

A. Assigned Time Objectives

B. Description of Assigned Time Activities

C. Number of Semester Hour Credits of Assigned Time Requested:

Statement of Understanding and Compliances

I understand that assigned time is granted in accordance with University policy, and that should I be authorized assigned time, I shall carry out my stated activities, and within one month after the end of the semester, submit a written report on my assigned time activities.

Signature of Applicant

Date

To be completed by Vice Chancellor or Designee

If approval is recommended, indicate the duties of the applicant will be covered during the assigned time period.

Recommendation

Department Chair

Date

Approved/Not Approved

Vice Chancellor or Designee

Date