

University of South Alabama
Request for Faculty Reassignment Instructional Time

Faculty Name:
Department:

Amount of Reassignment Instructional Time Requested

No. Credit/Contact Hrs.
Time Period of Reassignment

Description/Justification of Reassignment

Description of Outcome of Reassigned Time

REQUESTED

Faculty Member Date

RECOMMENDED

Department Chair Date

APPROVED

Academic Dean Date

INFORMATION

Senior Vice President for Academic Affairs Date