Reassigned Time (Course Release) Job Description

Faculty Name: **Division:**
Total Credits Reassigned: **Semester(s):**

Assignment Description:

Responsibility	Chair initials if completed, or satisfactory progress	Comments

Job Description Signatures

_____
(Faculty) (Date)

_____
(Chair) (Date)

_____
(Dean) (Date)

Annual Review Signatures

_____
(Faculty) (Date)

_____
(Chair) (Date)

_____
(Dean) (Date)