 **Reassignment/Course Release Approval Form**

**Please return completed form to Grants Office no later than 7 days before submission deadline. *Sign and scan or insert electronic signature. Typed signatures will not be accepted.***

**TO BE COMPLETED BY PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR**

**Principal Investigator/Project Director:**

**Department:**

**Project Funder:**

**Proposed Grant/Project Period:** **to**

**Total number of reassignments/course releases to be paid for by this funder during project period:**

**PI Notes (Please indicate the semester(s) and year(s) for requested reassignment):**

**TO BE COMPLETED BY DEAN**

**Dean (Name):**

|  |  |  |
| --- | --- | --- |
| **Dean Approval:** |  |   |
|  | **Signature** | **Date** |

**TO BE COMPLETED BY DEPARTMENT**

**Which courses will be replaced from the faculty member’s teaching load if the project is funded?**

**If the above-named course(s) are offered, how will they be covered?**

[ ]  internal overload [ ]  external hire [ ]  course(s) will not be offered [ ]  other (specify):

**Chair’s Notes:**

**Department chair (name):**

|  |  |  |
| --- | --- | --- |
| **Chair Acknowledgment:** |   |   |
|  | **Signature** | **Date** |

**TO BE COMPLETED BY PROVOST**

**Provost (name):**

|  |  |  |
| --- | --- | --- |
| **Provost Approval:** |   |   |
|  | **Signature** | **Date** |