

**Request for One Course Teaching Load Reduction**

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| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Department:** |  |
| **Date of Submission:** |  |

|  |
| --- |
| **Research Plan** (not to exceed 300 words) |
|  |
| **Expected Outcomes** (not to exceed 100 words) |
|  |
| **Rationale and reasons that justify granting reduction of teaching load**(not to exceed 100 words) |
|  |
| **Teaching Load during Current Academic Year**(in credit hours per semester) |
| Fall Spring |
| **List current research course releases (including buyout time) and any received over the past two years\*.** |
|  |
| **Attach an updated CV and faculty research profile.** |

\*If the course release was granted based on a University Grant then provide the progress report and list of outcomes (publications, follow up projects, presentations, etc.)

**Chair of Departmental Research Committee**

[ ] Approved [ ] Disapproved

Recommendation Justification:

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Date: ………………………

Name of the Chair, Departmental Research Committee: ………..………………………..…………

Signature of the Chair: ……………………………..………………..

**Head of Department**

[ ] Approved [ ] Disapproved

Recommendation Justification:

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Date: ……………..……………..

Name of the Head of Department: ……………..……………..……………..

Signature of the Head of Department: ……………..……………..……………..