## **Executive Officer Approval Form**Application for Teaching Release Time in AY2019 (Fall 2018 or Spring 2019)

Please enter the requested information, then print for the executive officer(s) (the department and/or unit head) to sign. Please *upload a PDF* of the signed form with your application(s) for release time.

INDICATE TH	IE PROGRAM(S) YOU ARE APPLYING TO:	
	Campus Research Board · Humanities Teaching Release Time (HF	RT)
	Center for Advanced Study (CAS)	
	Illinois Program for Research in the Humanities (IPRH)  vards are a release from all regular teaching duties other than thesis direction.  ease note: a faculty member can only accept one of these awards in any academi	c year.
APPLICANT I	NFORMATION:	
Name:		
INDICATE TH	IE DEPARTMENT/UNIT(S) TEACHING RELEASE TIME IS REQUESTEI	D FROM:
Please enter	the name of your department/unit. If you have an appointment in net the additional appointment(s) and percentages (e.g., English/75%	nore than one department/
Department	/Unit	Appointment %
I support this semester dur not have acce	<b>OFFICER APPROVAL SIGNATURE(S)</b> Is application, and I am committed to releasing this faculty member to ring AY2019 if granted an award. Without this award the faculty members to a semester-long released time from teaching.	ber would otherwise
	/Unit Name:	
Executive Off	ficer Name:	
Executive Off	icer Signature Da	te
	artment/Unit Name <b>(If applicable)</b> :	
Executive Off	icer Signature Da	te
•	ment/Unit Name <b>(If applicable)</b> :	
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Executive Off	icer Signature Da	te