Executive Officer Approval FormApplication for Teaching Release Time in AY2021 (Fall 2020 or Spring 2021)

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.

INDICATETHE	EPROGRAM(S)YOUAREAPPLYINGTO:		
	☐ Campus Research Board · Humanities Teaching Release Time (HRT)		
	Center for Advanced Study (CAS)		
	Illinois Program for Research in the Humanities (IPRH) ards are a release from all regular teaching duties other than thesis direction. ase note: a faculty member can only accept one of these awards in any academic y	/ear.	
APPLICANT IN	NFORMATION:		
Name:	Rank:		
INDICATE THI	E DEPARTMENT/UNIT(S) TEACHING RELEASE TIME IS REQUESTED I	FROM:	
Please enter t	the name of your department/unit. If you have an appointment in mo the additional appointment(s) and percentages (e.g., English/75% ar	re than one department/	
Department/	'Unit	Appointment %	
I support this semester duri not have acce Department/L	FFICER APPROVAL SIGNATURE(S) application, and I am committed to releasing this faculty member from the faculty member from the faculty members and a semester-long released time from teaching. Unit Name: Cer Name:	er would otherwise	
Executive Office	cer Signature Date		
	rtment/Unit Name (if applicable) : cer Name:		
Executive Office	cer Signature Date)	
Third Departm	nent/Unit Name (if applicable) :		
Executive Office	cer Name:		
Executive Office	cer Signature Date		