

Executive Officer Approval Form

AY 2017-18 RELEASED-TIME PROGRAMS APPLICATION

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 released time.

INDICATE THE PROGRAM(S) YOU ARE APPLYING TO:

- Campus Research Board - Humanities Released Time (HRT)
- Center for Advanced Study (CAS)
- Illinois Program for Research in the Humanities (IPRH)

Awards are a release from all regular teaching duties other than thesis direction.

Please note: a faculty member can only accept one of these awards in any academic year.

APPLICANT INFORMATION:

Name: _____ Rank: _____

INDICATE THE DEPARTMENT/UNIT(S) RELEASED TIME IS REQUESTED FROM:

Please enter the name of your department/unit. If you have an appointment in more than one department/unit, indicate the additional appointment(s) and percentages (e.g., English/75% and Philosophy/25%):

Department/Unit	Appointment %

EXECUTIVE OFFICER APPROVAL SIGNATURE(S)

I support this application, and I am committed to releasing this faculty member from teaching for one semester during AY 2017-18 if granted a released-time award. Without this award the faculty member would otherwise not have access to a semester-long released time from teaching.

Department/Unit Name: _____

Executive Officer Name: _____

Executive Officer Signature

Date

Second Department/Unit Name **(if applicable)**: _____

Executive Officer Name: _____

Executive Officer Signature

Date

Third Department/Unit Name **(if applicable)**: _____

Executive Officer Name: _____

Executive Officer Signature

Date