

VIRGINIA HIGHLANDS COMMUNITY COLLEGE

RELEASED TIME REQUEST FOR FACULTY

Name \_\_\_\_\_ Date \_\_\_\_\_

Division \_\_\_\_\_

Term / Semester / Time Period \_\_\_\_\_

Number of credit hours of released time requested \_\_\_\_\_

(44 clock hours = 1 credit hour)

Estimated number of clock hours required \_\_\_\_\_

Funding Source \_\_\_\_\_

Describe your proposed project in detail including goals and objectives, learning outcomes, and assessment methods.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_  
Division Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President, Instruction & Student Services

\_\_\_\_\_  
Date

cc Division Office

Vice President, Instruction and Student Services