College of Science, Engineering and Technology
Minnesota State University, Mankato
Cover Sheet for AY 19-20 Faculty Reassigned Time

Proposing faculty name (s), department and signature:

_____	_____	_____
Name	Department	Signature

For what purpose is the reassigned time requested? (Attached project description)

- ☐ Research time
- ☐ Grant development
- ☐ Innovation
- ☐ Other (Provide explanation in application.)

Check the semester in which the reassignment would occur: ☐ Fall 2019
☐ Spring 2020

How many credits of reassigned time is being requesting? ____

What course and/or lab(s) would need to be reassigned by the department?

Does the applicant named above have reassigned time for any non-instructional purpose either in fall 2019 or spring 2020? ☐ YES
☐ NO

If the answer is yes, please list reassignments:

NOTE: The chair's signature below indicates the department is aware of the request and willing to work with the Dean to arrange staffing of the reassigned courses.

_____	_____
Signature of Chair	Date