

Office of the Provost

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Guidelines for Faculty Release-Time

Full-time Faculty seeking release from their normal teaching obligation must complete the Release-Time Form (RTF) prior to any reduction in course load. No release-time will be granted unless, and until, the RTF is fully approved by the Provost through the regular channels (via Department Chair/Coordinator/Director and Dean).

Release course time will not be approved for the following activities: work done as part of the normal faculty workload, directing conferences, scholarship, advisement, editing journals, leadership in professional organizations and paid consultantships. Among the activities that could qualify for released course time are the following: Department Chair or other administrative duties (assigned by the Chair, Dean, Provost or President, such as Director of International Studies), National Accreditation or Academic Program Review, Self-Study Chair, externally funded research and externally funded paid consultantships.

The individual faculty member is responsible for completing the RTF at least a semester before the release is requested. If the release is conditioned upon external funding, submit the RTF and the Internal Proposal Form concurrently with the submission of the funding request. The completed RTF is submitted to the Department Chair/Coordinator/Director for review and approval and then to the Dean and Provost or Vice-Provost for their review and approval. The form must be completed and fully-approved prior to the start of any requested release time, and before the Master Schedule is due in the Office of Records and the Office of Provost (normally mid-September for following spring semester and mid-February for fall semester Master Schedules, respectively).

**Clafin University
Academic Affairs
Faculty Release-Time Form**

NAME: _____

DEPARTMENT/SCHOOL: _____

RANK: _____ TELEPHONE: _____

SEMESTER/S (for release): Fall Spring YEAR/S: _____

NUMBER OF CREDIT HOURS TO BE RELEASED: _____

Describe purpose of release from normal teaching load:

Requested By: _____ Date: _____
Faculty Member

Mark where replacement cost for course release is to be paid from:

GRANT DEPARTMENT SCHOOL OFFICE OF PROVOST OTHER

Provide Account Number and Name: _____

Approved Disapproved _____ _____
Department Chair or Coordinator Date

Approved Disapproved _____ _____
Dean Date

Approved Disapproved _____ _____
Provost or Vice-Provost Date