

**APPENDIX F**

**RELEASE TIME FORM**

Name		ID#	
Department		Cost Center	

applies for/is assigned to release time for Semester: \_\_\_\_\_

Load Points	Credit Hours	Contact Hours Per Week	# of Weeks	Class Code

for the purpose of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

upon the following conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President, Academic Affairs

\_\_\_\_\_  
Date

**Note: If release time is awarded for any items covered in 6.06, an IPA must be completed and attached.**

**Note: According to Florida Statutes, the release time request is not complete until approved by the President.**