

**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

**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.