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| College of Nursing and Health Professions  Faculty Re-Assigned Time Report | | |
| Number of re-assigned time credits approved  \_\_\_\_ Fall Semester  \_\_\_\_Spring Semester  \_\_\_\_Summer Semester | Faculty Member | |
| Brief description of the nature of the work that was planned for release time. | | |
| Brief description of how the completed scholarship impacted faculty development, program outcomes, and/or student outcomes | | |
| Planned next steps (if applicable): | | |
| By signing below, I acknowledge that the report reflects scholarly work that has been completed as outlined in the original proposal. | | |
| Faculty Member’s Signature: | | Date: |
| By signing below, I acknowledge this report and completes the requirement for the scholarship release time. | | |
| Program Chair Signature: | | Date: |
| By signing below, I acknowledge this report and completes the requirement for the scholarship release time. | | |
| Assistant Dean’s Signature: | | Date: |