



Faculty Course Reassigned Time Request Policy and Process Scholarship/Strategic Initiatives

Faculty who undertake specified additional activities related to the academic mission of the University and/or specific strategic initiatives of the college or department may be eligible for a reduction in their student contact hours during the semester or year under consideration. Parallel with the promotion and tenure documents that govern University faculty, these additional activities could be related to teaching (including the scholarship of teaching and learning), service, or professional development which includes research or creative endeavors. Reassigned time requests are **not** for regularly-scheduled departmental activities that should be built in to the faculty member's normal workload (e.g., Graduate Coordinator, Program Coordinator, Director of a Departmentally-unique function), and are intended to support activities that are outside of the normal expectations of the faculty member.

All faculty seeking reassigned time from the normal teaching obligations assigned by their college must complete the Faculty Course Reassigned-Time Request Form (FCRR) prior to any reduction in student contact hours. The individual faculty member is responsible for initiating and completing the FCRR on the schedule described below. There is no guarantee that a FCRR will be approved. (If the reassignment is dependent upon external funding, submit the FCRR concurrently with the submission of the funding request.) The faculty member should submit a completed FCRR to the Department Head for review. If approved, the FCRR progresses next to the Dean, the University Faculty Reassigned Time Committee, the Provost and the Vice President for Academic Affairs, and President for their review and approval.

No reassigned time will be granted unless, and until, the Faculty Course Reassigned Time Request Form (FCRR) is fully approved by the President through the appropriate channels (via Department Head/Director, University Committee, Dean, and Provost).

Faculty Reassigned Time Requests must be submitted to: 	No later than: 
Department Head/Director	2 nd Monday of August
Dean	3 rd Monday of August
Faculty Reassigned Time Committee	4 th Monday of August
Provost	2 nd Friday of September
President	2 nd Friday of September

Faculty who receive reassigned time from their regular teaching load will be expected to fulfill their normal departmental and college service obligations. Department heads will evaluate the deliverables/outcomes of faculty receiving reassignments. Failure to produce the anticipated “deliverable” could result in a loss of opportunity to receive another release-time request. The University, the Provost, or academic department may discontinue, temporarily suspend, or alter a reassigned time approval of any faculty member based on institutional needs.

For applicable forms or questions, please contact the Valdosta State University Office of Academic Affairs.

FACULTY COURSE REASSIGNED TIME REQUEST (FCRR) FORM

Department:

Date Submitted:

Name:

Rank:

Semester Requesting Reassignment: Fall Spring **Year:**

of Credit Hours Usually Assigned:

of Credit Hours Requested for Reassignment:

Describe Purpose of Reassignment from Usual Teaching Load (support with information about specific duties, number of students served, importance of duties to the mission of the department/college/university, special publication deadlines, etc.):

Grant Application or Responsibilities

Additional Scholarship

Additional Special Project(s)

Additional Professional Development Training

Specific Outcomes Expected:

Method of Evaluation and Report Due Date:

How will the faculty member's teaching load be covered?

Adjunct Overload Adjustment to departmental schedule

Any additional funds required?

APPROVALS:

Approved by: _____ Date: _____
Director/Department Head

By signing as department head, you certify that the department will be able to maintain an instructional program that will meet the needs of students in core, major, and/or graduate courses. Further, you are satisfied that appropriate arrangements have been made for graduate students or students engaged in independent study or experiential learning courses requiring the supervision of this applicant.

Approved by: _____ Date: _____
Dean

Approved by: _____ Date: _____
Provost/Vice President of Academic Affairs