

CLA Faculty Outreach Assignment Approval Form

Year _____

Name of Faculty _____ Department _____

Total Allocation in Outreach for Above Year _____%

Breakdown of Said Allocation:

_____ % Teaching _____ % Research _____ % Service

Outreach Project

(Explain in details outreach project in which you will invest part of your academic year assignment, to include community partners, dates, and locations where applicable. If this is an ongoing project, please indicate reason and projected outcome for near future.)

Faculty Signature _____

Dept. Chair's Signature (for approval) _____

Comments:

Dean's Signature (for approval) _____

Comments: