REQUEST FOR ONE UNIT RELEASED TIME FUNDING
SUBMITTED TO THE UNIVERSITY ENRICHMENT COMMITTEE

Released Unit Applications (for either spring or fall terms) are due February 1, 2014.

NAME: ___________________________________ DEPARTMENT: ______________________
PHONE: ___________________ E-MAIL: ______________________________ CMB: ________

RELEASED TIME REQUESTED FOR: (TERM/YEAR)_________/_________

COURSE to be RELEASED: _____________________________________________

PROJECT TITLE: ______________________________________________________

________________________ _____________________________________________

1. Please attach a 2-3 page statement addressing the application criteria specified in the current
   Professional Development document, accessible at http://www.pugetsound.edu/academics/faculty--
   staff-resources/professional-development

2. IRB: Do your proposed activities involve the use of human participants? Yes_____ No_____
   If yes, please be aware that IRB approval must be obtained before beginning research. Consult IRB approval
   processes information on the university’s website, http://www.pugetsound.edu/academics/faculty--staff-
   resources/professional-development/irb/ for details and provide signature below.
   I, ______________________ (print name), agree to obtain IRB approval before beginning research
   involving human participants. ______________________ (signature)

3. Do you want to be considered for one of the Civic Scholarship release units? Yes_____ No_____ 
   Please consult the Professional Development document to see if your work might apply. Checking
   “yes” does not exclude one from consideration from general release time units.

4. As the applicant, I agree to provide to my department chair or program director a written report as
   specified in the current University Resources for Faculty Professional Development document within 30
   days of the completion of the semester in which the released unit is provided. The report will then be
   forwarded to Associate Dean Sunil Kukreja for the UEC.

Applicant ______________________ Date ______________________

As the department chair or program director, I agree to professionally assess the value of the work and the extent to which
the purpose of the grant has been met. Attached is my covering memorandum recommending approval or disapproval and
indicating whether or not a replacement instructor will be required for the course from which the applicant is released.

Department Chair /Program Director ______________________ Date ______________________

Please send this application to Associate Dean Sunil Kukreja, CMB 1020, or drop it by the Office of the
Associate Deans, Jones 212.

Rev. 7/13