

**FSU FACULTY DEVELOPMENT AND SABBATICAL SUBCOMMITTEE****ASSIGNED TIME GRANT APPLICATION FORM**

(Please **type** and submit **original plus six copies**)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

FOR: \_\_\_\_\_ FALL  
\_\_\_\_\_ SPRINGCATEGORY: \_\_\_\_\_ TEACHING IMPROVEMENT  
\_\_\_\_\_ ACADEMIC ACHIEVEMENT  
\_\_\_\_\_ UNIVERSITY / COMMUNITY  
SERVICEPROJECT TITLE:  
  
\_\_\_\_\_OBJECTIVES:  
  
  
  
  
  
  
  
  
  
\_\_\_\_\_**BRIEF DESCRIPTION OF ACTIVITIES, WITH TIMELINE:***(Please be concise, but continue on back if necessary)*

---

**STATEMENT OF BENEFIT TO FSU:**

---

**PREVIOUS FACULTY DEVELOPMENT GRANTS:**

<u>TYPE OF GRANT</u>	<u>TITLE</u>	<u>DATE</u>
----------------------	--------------	-------------

---

**SCHEDULE WORKLOAD FOR SEMESTER IN WHICH ASSIGNED TIME IS REQUESTED:**

*(Please circle course/assignment for which assigned time is being requested.)*

<u>COURSE / ASSIGNMENT</u>	<u>CREDIT / CREDIT EQUIVALENT</u>
----------------------------	-----------------------------------

---

**DEPARTMENT CHAIR APPROVAL:**

One-fourth workload for applicant will be covered as follows:

---

**Department Chair Signature**