College of Science Assigned Time Request for Grant Implementation and Student Mentorship

This form is to be submitted by the chair to the college dean for each department faculty member requesting assigned time for grant implementation and/or student mentorship. Request should conform to the “College of Science Guidelines for Faculty Work Assignments” and all other relevant University policies.

Faculty Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisory WTU requested \_\_\_\_\_\_

Anticipated number of undergraduate students supervised F19 \_\_\_\_\_ Sp20 \_\_\_\_\_

Anticipated number of graduate students supervised F19 \_\_\_\_\_ Sp20 \_\_\_\_\_

Briefly describe and justify the proposed student and faculty activities.

Students must enroll in the appropriate special registration courses during the 19-20 academic year.

Grant WTU requested \_\_\_\_\_

Grant name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total IDC for 19-20 \_\_\_\_\_\_\_

List all other assigned time for the year.

The department faculty time spreadsheet must be up-to-date for both the Fall and Spring term before this request will be reviewed.

By signing the department chair acknowledges their support for this proposal and confirms that the information is accurate to the best of their knowledge.

Chair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_