

GRHD faculty application for a COSHP Reduced Teaching Research Facilitation Program

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| Applicant's Name | Department |
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| Email Address and Phone Number |
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| Requested number of credits to be released (not to exceed 6) | Semester |
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| Rationale for teaching release (i.e. preparation of the grant proposal, manuscript, etc...) |
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|------------------------------|-------------|
| Applicant's Signature | |
| Signature | Date |
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| GRHD Director | |
| Signature | Date |
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| Department Chair | |
| Signature | Date |
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| College Dean | |
| Signature | Date |
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| <i>For office use only</i> | |
| Source of coverage (GRHD or COSHP): | Amount (\$): |
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