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**Course Reassignment Request Form**

**College of Humanities & Social Sciences**

Instructions: The reassigned time request should appear in the FPA or a modified FPA where changes are proposed after initial approval. This should be done in a timely fashion. Since all course reassignments require financial allocations by the College, or Department, (or granting agency) this requires approval at both the Department and College levels. Please also identify how the course release contributes to the department or College management needs, and/or strategic plan and priority objectives.

**Department:** Click or tap here to enter text.

**Faculty Member:** Click or tap here to enter text.

**Date of Request:** Click or tap to enter a date.

**Semester(s):** Choose an item. Choose an item.

**Summer Administrative Stipend (specify session):** Choose an item.

**Reason for Course Reassignment** (Please be specific regarding the time allotment of the activity that necessitates the release. You should be prepared to demonstrate that the activities involved will take at least as much time as teaching a course.)

Click or tap here to enter text.

**Source of Funding for the Release:** Choose an item.

**When Applicable, Specify Funding Source:** Click or tap here to enter text.

**DocuSign Workflow:**

1. **Faculty Member (Signature)**
2. **Department Chair (Signature)**
3. [**chssdean@kennesaw.edu**](mailto:chssdean@kennesaw.edu) **(Office of the Dean – Office admins will assign to Dean) (Signature)**

**Release Requested By:**

Faculty Member Date:

(Signature)

**Release Approved By:**

Department Chair Date:

(Signature)

Dean of CHSS Date:

(Signature)