

Reassignment of Load Activity Report

College _____

Department _____

Name _____

Reassignment period(s): Fall _____ Spring _____ Year _____
(Reports are to be submitted within thirty days after reassignment period ends.)

Activity/Project for which reassignment was approved:

Statement of accomplishment/publication/product:
(e.g., publication citation, creative work, funding obtained)

Signature of Faculty Member

Date

Signature of Department Chair

Date

Signature of Dean

Date