Print Form

Arkansas State University
College of Education
REQUEST FOR REASSIGNMENT FROM TEACHING TO OTHER DUTIES

Faculty Member: _____ Department: _____

Semester(s) reassignments requested: FALL _____ SPRING _____ BOTH _____ YEAR _____

Research _____ Services _____ Administration (if not part of appointment) _____

Credit Hours requested to be reassigned _____

Brief justification for reassignment:

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APPROVAL:

Department Chair: _____ Date: _____

College Dean: _____ Date: _____