



# Hostos Community College

Release Time Request Form

Office of Academic Affairs

Please Print

Date: \_\_\_/\_\_\_/\_\_\_

First Name: \_\_\_\_\_ M: \_\_\_ Last Name: \_\_\_\_\_

Rank: \_\_\_\_\_ Tenured: \_\_\_ Non-Tenured: \_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Semester: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Proposed Release Time Hours: \_\_\_\_\_

Purpose of the requested release time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the project being sponsored by a grant? \_\_\_Yes \_\_\_No

Is there funding to support release time? \_\_\_Yes \_\_\_No

If yes, please provide the sponsor: \_\_\_\_\_

\_\_\_\_\_

Sponsor type: \_\_\_Federal \_\_\_State \_\_\_City \_\_\_Private \_\_\_Other (specify) \_\_\_\_\_

\_\_\_\_\_

|                  | Signature | Date |
|------------------|-----------|------|
| Faculty          |           |      |
| Department Chair |           |      |
| Provost          |           |      |

All appropriate signatures must be received in order for consideration to be given.