



Hostos Community College

Release Time Request Form

Office of Academic Affairs

Revised 3/7/2018

Please Print

Date: ___/___/___

First Name: _____ Last Name: _____

Rank: _____ Tenured: ___ Non-Tenured: _____

Department: _____ Phone: _____

Semester: _____ From: _____ To: _____

Proposed Release Time Hours: _____

Purpose of the requested release time: _____

Has the released time request already been approved by the provost? ___ Yes ___ No

Is the project being sponsored by a grant? ___ Yes ___ No

Have you received notification from the sponsor that the grant has been awarded? ___ Yes ___ No

If yes, attach award letter and indicate the sponsor below.

Sponsor: _____

Does the award cover release time for more than one semester? ___ Yes ___ No

If yes, indicate the award period.

Award Period: _____

	Signature	Date
Faculty		
Department Chair		
Provost		

Submission of this form does not indicate approval to take release time. Approved release time will be confirmed with an award letter.

Forms must be submitted with the signature of the department chairperson.