

Specific Nature of Activity:

Specific Outcomes Expected:

Method of Evaluation:

Requested by: _____ Date _____
Faculty Member

Approved by: _____ Date _____
Department Head

Dean Date _____

Executive Director Research and Sponsored Programs (if appropriate) Date _____

Provost Date _____

- ¹E&G Education and General
- ²EPA Electronic Payroll Action
- ³FTE Full-Time Equivalent
- ⁴SCH Semester Credit Hour
- ⁵SRI Salary Recovery Incentive

Provost 2/11