

Specific Nature of Activity:

Specific Outcomes Expected:

Method of Evaluation:

Requested by: _____
Faculty Member

Date

Approved by: _____
Department Head

Date

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