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*INSTRUCTIONAL WORKLOAD EQUIVALENCY REQUEST*

Term: \_\_\_\_\_

Name: \_\_\_\_\_ Division: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Dean

1. Description of activity for which equivalency is requested and products, if any, to be produced:
2. If request is for a special assignment, estimate time required to complete the project:
3. If request is for released time for administrative assignment, provide the following information for the same semester the previous year:

No. of sites served	
No. of full-time faculty	
No. of part-time faculty	
Time spent in budget management	
Accreditation requirements	
Advisory Committee (yes or no)	
Activity unique to discipline/program	
Required student communications	
Other	

4. Equivalency requested (No. of Credit Hours): \_\_\_\_\_
5. Stipend, if any, recommended: \_\_\_\_\_

Approved

Disapproved

\_\_\_\_\_  
Executive Vice President -Provost

\_\_\_\_\_  
Date