

**JACOBS SCHOOL OF ENGINEERING
FACULTY FTE LEVERAGE PROGRAM REQUEST**

Requests must be received by the Deans Office at least 30 days prior to the first day of the quarter in which the requested program participation will take place!

Today's Date: _____ Name: _____

Department: _____ Signature: _____

Department Contact: _____
(Please print name and extension of person to contact for questions, etc.)

Department Approval: _____
(Department Chair Signature)

Number of Courses Requested for Release: _____ Relief for Term(s) Fill in quarter(s)/year: _____

Project/fund to pay salary: _____

Please list the current year teaching load (Faculty shall **not, as part of this program, teach less than two courses per year**, and at least **one of those must be at the undergraduate level**):

Current Year teaching load BEFORE FLP Approval:

Term: _____, Course number(s): _____

Term: _____, Course number(s): _____

Term: _____, Course number(s): _____

Term: _____, Course number(s): _____

Current Year teaching load AFTER FLP Approval:

Term: _____, Course number(s): _____

Term: _____, Course number(s): _____

Term: _____, Course number(s): _____

Term: _____, Course number(s): _____

Notes:

Dean's Approval: _____ Date _____

Vice Chancellor Approval: _____ Date _____
