

Graduate Program in Environmental Sciences
Arkansas State University
REQUEST FOR REASSIGNMENT

Faculty member requesting reassignment: _____

College: _____ Dept: _____

Has your report for most recently completed reassignment been submitted? Yes No

NOTE: If you have not filed a report for past re-assignments please do so ASAP.

Semester(s) requested: Fall Spring Both

This request involves:

- Supervision, as primary advisor, of graduate student in program
- Research (Environmental Science related)
- Teaching core or elective Environmental Science course
- Service to program (committee, recruitment, etc.)

Credit hours requested for re-assignment 1 2 3

Description of activity/assignment (very brief)

If this reassignment is dependent upon a reduction in course offerings, briefly explain how students' needs will be met.

If this reassignment is dependent upon appointing a part-time instructor to cover a class section, briefly explain.

Amount of re-assignment funds to be transferred to department \$ _____

NOTE: full 3-hr reassignment typically \$1650 or \$1750. If no replacement is hired funds can be used by faculty in support of research (travel, supplies, student support)

Have you requested ABI funding? Yes No

Have you requested VCAA re-assignment? Yes No

APPROVAL

Environmental Science Program Director

Date

Department Chair

Date

College Dean/Associate Dean

Date