** Office of Research Services**

 **Release Time Request Form (RTRF)**

This form must be completed, signed and attached to the **Research Proposal Approval Form** if the applicant is applying for release time as part of their application. If more than one person is requesting release time, please complete a separate copy of this form for each individual. This completed and signed form must be submitted to the Office of Research Services at least two weeks prior to the external funding agency deadline.

1. **Academic Year(s) for Which Release is Being Requested:**

**2. Name / Academic Unit / Campus:**

**3. Title of Proposed Project:**

**4. Detailed Description of Your Role in the Proposed Project:**

Please include information related to time frame (e.g., beginning and end date, hours per week), title (e.g., Principal Investigator, Collaborator, Contributor) and some specifics about what expertise and contributions you will be making to the project.

**5. Source of Funds for the Teaching Release:** Is funding for this project already in place, or do you intend to submit an application to a funding agency? Please explain. **If funding is already in place, what is (are) the source(s) of funds for your proposed release time? (Please provide details including account numbers).**

**6. Please provide a summary of the proposed research project in the space provided below.**

**7. What is your current or anticipated teaching load in FCEs? Please provide the course numbers, titles, and weightings and/or other course buyouts which will comprise your teaching load for the year.**

**Note: Normal practice at Lakehead University is that all full-time faculty teach a minimum of 1.0 FCE per year even if granted course release for service, research, etc. If a teaching load falls below 1.0 FCE per year, faculty will be required to move or forego their requested release time to align with this practice.**

**8. Please provide details on the number of courses you are requesting release from**

**($18,535 for one FCE if budgeting for 2024-2025, with a 2% increase in each year for subsequent years)**

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| **Academic Year** **(specify fall or winter)** | **Total # of FCEs to be released from** | **Total $ amount of request (per academic year)** |
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***By signing this form, I acknowledge that a course release will only be granted if the necessary funding as outlined above is secured and that the appropriate approvals are granted by my Chair/Director, Dean, and the Provost and Vice President-Academic.***

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Required Approvals**

**Signature of Chair/Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Obtain the signatures of the Char and Dean, and then submit the form to the Office of Research Services. The ORS will obtain the final two signatures.**

**Signature of VP (Research, and Innovation):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Provost and VP (Academic):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**