

Faculty Reassignment for RSCW Application Cover Sheet

Faculty Name: _____ Position at UNC: _____

Academic Department or School: _____

Project Title: _____

Semester: _____

Faculty Member Certification By submitting this application for a Faculty Reassignment for RSCW Award, I am certifying to each of the following:

1. I have attached a 2-page prospectus for the project.
2. I have included my Curriculum Vitae with this application.
3. I am a full-time faculty member at the University of Northern Colorado in a tenured, tenure-track, or contract-renewable position that requires me to conduct RSCW
4. I have discussed this request with my chair or director and determined that my reassignment will not be detrimental to instruction for students.
5. I agree to follow all relevant University rules and regulations in my RSCW and in my receipt of the award.
6. Pending receipt of a reassignment award, I agree to describe the adjusted time in my faculty evaluation report.
7. If I was awarded the Alternative 1 variant of the program (concentrated time), I have provided the additional information requested in the program description.
8. I agree to submit a 2-page summary of activities and specific outcomes from the reassignment and future plans for the project to my Dean and the Office of Research research@unco.edu within three months of the end of the semester.