



The University Corporation, San Francisco State
Reimbursed Release Time
Pre-Approval

Faculty Name:		Project Director:	
ID Number:		Fund Number:	
College:		Fund Description:	
Department:			

Academic Year:	
Semester:	
Percentage of Release:	
Available Funding:	

Available funding must include an adequate amount for salary and benefits.

DESCRIPTION OF WORK TO BE PERFORMED DURING THIS COURSE RELEASE:
LIST OF FUNDERS THAT HAVE CONTRIBUTED \$2,500 OR MORE TOWARD THIS COURSE RELEASE:

By signing this form, both the Dean of the College and the faculty member acknowledge that this percentage of released time represents a fair estimation of the reduction of time in normal teaching duties/workload for the semester indicated, and a fair estimation of the time the faculty member will devote to activities related to the above referenced project or program.

Reimbursement will be based on calculation above or availability of funding, whichever is less.

_____ Project Director	_____ Date
_____ Faculty Member	_____ Date
_____ Dean of College	_____ Date
_____ Executive Director, UCorp	_____ Date