

College of Fine and Performing Arts
Application for Adjusted Faculty Workload
FY 2010

Name: _____ Department: _____

TITLE: _____

(1) Please indicate the purpose for which the academic teaching load adjustment is requested:

- | | | | |
|---|-----|--------------------------------------|-----|
| Research/Scholarship | () | Creative Activity | () |
| Instructional Improvement | () | Scholarship of Teaching and Learning | () |
| Extraordinary service activities/projects | () | Other (please describe below) | () |
| Client Based Art | () | | |

(2) Describe the activities of this proposal. Attach supporting materials. Specifically, address the impact of this proposal on the Rowan University arts community (e.g. outreach, recruitment, etc.)

(3) Indicate the requested time for this project:

Semester	Credits	Semester	Credits
Fall Semester 20__	()	Spring Semester 20__	()
Fall Semester 20__	()	Spring Semester 20__	()

(4) Attach a one-page curriculum vitae outlining pertinent prior accomplishments.

Signature

Date