**Evidence of Work Completed for Alternate Workload Equivalency**

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| **Name:** |
| **Department:** |
| **Alternate Workload Project Title:** |

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| Term: Fall 20\_\_\_\_\_ # of Credits\_\_\_\_\_ | Spring 20\_\_\_\_\_ # of Credits\_\_\_\_\_ |

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| Faculty Member should outline actions taken and work completed in accordance with the objectives listed on Alternate Workload Assignment Form as approved by the President. | |
| **SPECIFIC OBJECTIVES** (identify briefly) | **EVIDENCE OF COMPLETION** |
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| Applicant’s Signature Date | Department Chair’s Signature Date |
| Dean’s Signature Date | Provost’s Signature Date |

Revised: 9/14/2011 (rgs)