



## Request for Active Service: Modified Duties

To be completed by requesting faculty member:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
School/College

\_\_\_\_\_  
Reason for Request

\_\_\_\_\_  
Date of Qualifying Event (i.e. due date of baby, surgery date)

\_\_\_\_\_  
Semester(s)

Modified Assignment (Include the course name and number of the course for which you are seeking a course release):

How will the teaching duties be covered? Include estimated costs: (To be completed by Chair or Dean)

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice Provost Signature

\_\_\_\_\_  
Date

\*Reminder: It is expected that any pre-tenure faculty member utilizing the ASMD program will request an extension of the probationary period, which changes the year the faculty member is required to be reviewed, not the year when you are first eligible. Please use [this form](#) to request the extension.