**Signature Sheet**

**Research/Creative Activity Reassigned Time (RCART)**

Name: Click or tap here to enter text.

Department: Click or tap here to enter text.

Title of RCART Proposal: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Date of most recent Arts and Sciences RCART (if applicable): Click or tap here to enter text.

Tenured: (*please check one*) [ ] Yes [ ] No

Credits Requested: (*check only one*)

[ ] 3 Credits

[ ] 6 Credits. If requesting 6 credits, please provide a brief statement of justification for the 6

credits as well as any documentation to support the request. Examples may include a copy of a book contract; a copy of a major grant award letter; or other documentation that supports a substantive research/creative activity project with a verifiable outcome.

Semester Requested: (y*ou may check one or both*)

[ ] Fall Semester

[ ] Spring Semester

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Signature of Faculty Member Date

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Signature of Department Chair\* Date

\**Signature indicates that the Department Chair acknowledges the Faculty Member’s request and that the Department can cover the Faculty Member’s essential duties.*