

Faculty Reassignment Award
Proposal Cover Sheet

Name: _____ Date: _____

Rank _____

Terminal degree _____

Year of initial appointment at UNCW _____

Proposed period of reassignment: Beginning date: _____ Ending date: _____

Is other funding being sought? Y N If yes, please state source: _____

Abstract: (maximum of 175 words)

The proposal meets the published criteria and is deserving of the award. The department can dispense with the regular services of the applicant during the period of the proposed reassignment.

Signature of department chair: _____ Date: _____
(or dean-Nursing)