

Faculty Reassignment Award  
Proposal Cover Sheet

Name: \_\_\_\_\_ [sample] \_\_\_\_\_ 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)