

INSTRUCTIONS: This form is to be used by faculty to request a **change** to previously approved FERP participation. When possible, submit the request to the department chair at least 6 months prior to the beginning of the academic year in which the change would take place. Mid-year changes may not result in exceeding time base limits. Approved changes will be acknowledged by a letter outlining the new conditions.

TO BE COMPLETED BY FACULTY MEMBER

Name:		Dept. Name:		
I REQUEST TO MAKE THE FOLLOWING CHANGE IN MY FERP PERIOD OF EMPLOYMENT				
From my current approved period of employment (check one):				
<input type="checkbox"/>	Fall Semester, Full-Time	<input type="checkbox"/>	Spring Semester, Full-Time	<input type="checkbox"/>
<input type="checkbox"/>	Other (indicate instructional and service units each semester): Fall:			Spring:
To my requested new period of employment (check one):				
<input type="checkbox"/>	Fall Semester, Full-Time	<input type="checkbox"/>	Spring Semester, Full-Time	<input type="checkbox"/>
<input type="checkbox"/>	Other (indicate instructional and service units each semester below):			
Semester:	Instructional Units:	Service Units:	Total Units:	Time Base for Semester:
Fall	+		= out of 15 units	= % Time Base
Spring	+		= out of 15 units	= % Time Base
Academic Year this change is requested to take effect:				
I understand that a change in FERP appointment is at the discretion of the University and requires approvals. It is dependent primarily upon the recommendation of the department chair and dean and their assessment of program impact. I understand such a reduction in time base shall continue for the duration of the FERP appointment.				
Comments (attach additional pages if needed):				
Faculty Signature:				Date:

TO BE COMPLETED BY DEPARTMENT CHAIR

Recommend Approval	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
Department Chair Signature:					Date:

TO BE COMPLETED BY DEAN

Recommend Approval	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
Dean Signature:					Date:

TO BE COMPLETED BY ASSOCIATE VICE PRESIDENT FOR FACULTY AFFAIRS

Recommend Approval	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
AVP for Faculty Affairs Signature:					Date: