# Dakota College at Bottineau

EDUCATIONAL RELEASE TIME REQUEST

(Please use one form per course)

[ ]  Fall Semester (year) [ ]  Spring Semester (year)

[ ]  Summer Semester (year)

|  |  |
| --- | --- |
| Employee’s Name :       | Employee’s Department :       |
| Course prefix & number :       | Course name :       |
| Meeting days & time :       | Credit hours :       |
| Course Method of Delivery: | [ ]  Face to Face[ ]  IVN[ ]  Online[ ]  Other, please specify |
| Institutional Affiliation: | [ ]  Dakota College at Bottineau[ ]  Other NDUS Campus, Please specify: |

[ ]  Tuition Waiver requested for non-DCB employee

[ ]  Tuition Waiver (only) requested for DCB employee

[ ]  Tuition Waiver and release time requested for DCB employee

*If granting release time will seriously reduce the capability of your unit to complete its assigned tasks, attach a statement explaining why and forward the statement with this form to the Executive Dean’s Office.*

## ADMINISTRATIVE ACTION

*Action by Supervisor/Chair* [ ]  *Recommend tuition waiver only*

[ ]  *Recommend tuition waiver and release time*

[ ]  *Do not recommend approval of this request*

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Supervisor/Chair Title Date

*Action by Campus Dean:* [ ]  *Recommend tuition waiver only*

[ ]  *Recommend tuition waiver and release time*

[ ]  *Do not recommend approval of this request*

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Campus Dean Date