# 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