

**University of Colorado at Boulder Libraries
One-Semester Release from Librarianship
for Tenure-Stream Faculty**

Name of Applicant: _____ Rank: _____

Requested dates of release (4.5 months total):

Start Date: _____ End Date: _____

In submitting this application, I agree to abide by the policies and procedures relating to the one semester release from librarianship.

Applicant Signature: _____ Date: _____

First Level Evaluator: _____ Date: _____

Second Level Evaluator _____ Date: _____

Associate Dean: _____ Date: _____

Tenure Committee Chair: _____ Date: _____

Dean: _____ Date: _____

Attach a brief description of your research project, and an explanation of your time arrangement, if your request is for other than a single 4.5 month continuous block of time (1 page or less)