Request for Virtual Office Hours

|  |
| --- |
| **PART I** |
| Faculty Member Name:       |
| Department:       |
| Starting Date:       |
| Completion Date:       |
| Total Virtual Hours/Week:       |
| Justification:      Please attach a copy/copies of the course syllabus/syllabi indicating virtual office hours. |

|  |
| --- |
| **PART II** |
| [ ]  Request Denied Reason:  |

|  |
| --- |
| **PART III** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Print Name (Applicant) Signature (Applicant) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Department Chair Date Dean Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Division Chair Date  |