

UNION COLLEGE
Course Coverage Plan (CCP)

This form is for requests and plans to buy-out of teaching time or take leave time (regardless of whether this leave is scheduled) that is related to a grant or fellowship application. It is for Union College records and will be retained by the Grants Office.

1. General Information (Completed by the Faculty Applicant)

a. Faculty Applicant (Name/Department):

b. Project Sponsor and Program:

c. Proposed Effective Dates: _____ to _____

2. Description of Leave (Completed By Faculty Applicant)

Provide a description of how the leave relates to any sabbatical or impacts your academic year teaching commitments. If known, please provide which terms and courses will be affected.

3. Coverage Plan (Completed by Department Chair)

Provide a description of the department's plans for course coverage during the leave or release time described above.

Faculty Applicant Printed Name Signature Date

Jennifer Fredricks

Dept. Chair Printed Name Signature Date

DADP Printed Name Signature Date