APPENDIX 4
UNIVERSITY OF HAWAII COMMUNITY COLLEGES
INSTRUCTIONAL ASSIGNED TIME REQUEST
COMPLETION REPORT
FOR THE 20__ - 20__ ACADEMIC YEAR

Name of Reporter: _____

Title of Project: _____

College: Windward Community College

Dept./Div.: _____

Report of Assigned Time Activities:
(Provide a concise report of the activities undertaken during the assigned time period. If necessary, attach additional pages as needed. Also attach a copy of the approved Instructional Assigned Time Request, and if appropriate, a copy of materials developed as a part of the assigned time activities).

_____
Signature of Reporter Date

I have reviewed the above report.

_____
Department/Division Chair Date

COMMENTS:

I have reviewed the above report.

_____
Dean or Designee Date

COMMENTS: