

## **DIVISION OF ACADEMIC AFFAIRS**

OFFICE OF FACULTY AFFAIRS & DEVELOPMENT

1000 EAST VICTORIA STREET, WH B-368 CARSON, CALIFORNIA 90747

PHONE: (310) 243-3766

## ASSIGNED TIME FOR EXCEPTIONAL LEVELS OF SERVICE TO STUDENTS AWARD APPLICATION FOR 2023-2024 ACADEMIC YEAR

All applicants are responsible for securing signatures from their department chair/program coordinator and Dean/Director. Please note the applicant is required to submit this application along with the required supporting documents via Interfolio to the Office of Faculty Affairs and Development no later than *April 3, 2023*. *Incomplete applications will not be considered*.

1	. 1	NAME:		2. TITLE:	
3	3. I	DEPARTMENT/PROGRAM:			
4	l. (	COLLEGE/UNIT:			
5	5. EMAIL:				
P	PLEASE INCLUDE THE FOLLOWING DOCUMENTS:				
	ć	a. A narrative statement (500 words max) that details how an activity or activities that you <u>have or are</u> <u>currently performing in the 2022-2023 Academic Year</u> but not being compensated for either through reassigned time or through a stipend has/have improved student's learning experiences beyond your standard professional responsibilities; in particular, please highlight activities as they (per CBA Article 20.37 "for mentoring, advising, and outreach, to support underserved, first-generation, and/or underrepresented students and other practices in support of such students, including those caused by cultural taxation. This support includes but is not limited to: the development and implementation of high-impact educational practices; curricular redesign intended to improve student access and success; service to the department, college, university, or community that goes significantly beyond the normal expectations of all faculty; assignment to courses where increases to enrollment have demonstrably increased workload; and other extraordinary forms of service to students."			
	<ul><li>b. A current CV (two-page maximum).</li><li>c. All faculty unit employees are eligible for this award.</li></ul>				
	(	d. Signatures from your Dean/ Director and Department Chair/ Program Coordinator indicating they are aw of the application and confirming that you are not currently providing assigned time for the outlined act			
6	i. 9	SELECT SEMESTER:	FALL 2023	SPRING 2024	
	DEP	ARTMENT CHAIR/PROGRAM C	OORDINATOR	DEAN/DIRECTOR	
S	ign	IATURE:		SIGNATURE:	
	DATE:			DATE:	