



ASSOCIATED COLLEGES OF THE ST. LAWRENCE VALLEY

SUNY CANTON • CLARKSON UNIVERSITY • SUNY POTSDAM • ST. LAWRENCE UNIVERSITY



Application for the Faculty Exchange Program

Name _____

Department _____

Email _____ Phone _____

This request for is a One-for One Direct Exchange Released Time Borrowing

Course Title(s) and brief description(s):

Additional information concerning One-for-One Direct Exchange or Released Time Borrowing.

Signature of faculty member _____ Date _____

Signature of the receiving department chair _____ Date _____

Signature of the sending department chair _____ Date _____

Signature of the receiving chief academic officer _____ Date _____

Signature of the sending chief academic officer _____ Date _____

Return completed form to Associated Colleges, 200 Merritt Hall, SUNY Potsdam, Potsdam, NY 13617 or
to larranaj@potdam.edu