Individually Planned Activity or Research

Title of Activity or Research: _____

Proposed by: _____ **Division:** _____

Date: _____ **Number of Flex hours requested:**_____

1. **Describe briefly the proposed Flex activity or research:**

2. **A brief explanation of how the product or results will be used in your work at GCC:**

_____ _____

Signature of Faculty member

Signature Division/Committee Chair or Activity Coordinator

(For use by Flex Committee Only)

Number of Flex Hours Granted: _____ Flex Denied _____

Reason for Denial: _____

Returned to Staff Development for further action: ____ Action Requested: _____

_____