

# Montgomery College Alternate ESH Assignment Request

**Deadline for submitting this form to your Dean:**      Fall Semester -                      First Monday in August  
   Spring Semester -                      Second Monday in December  
   Summer sessions -                      First Monday in May

**Faculty Member Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Semester:** *(You must complete a separate form for each semester)* \_\_\_\_\_

**Description of Alternate Activity or Project:**

**Amount of ESH requested for this Project:** \_\_\_\_\_

**Account Number to be charged:** \_\_\_\_\_

\_\_\_\_\_  
Date    Signature of Requestor    Please Print Name

\_\_\_\_\_  
Date    Signature of ESH Grantor or  
attach e-mail from ESH Grantor    Please Print Name

\_\_\_\_\_  
Date    Department Chair/Unit Coordinator  
Support  Do Not Support     Please Print Name

\_\_\_\_\_  
Date    Instructional Dean or Dean of  
Student Development    Please Print Name  
Approve  Do Not Approve