

Application for Professional Development Leave

NAME:

RANK:

DEPARTMENT:

COLLEGE:

I. Narrative of proposed project (attach additional sheets as necessary):

II. Project contribution to my professional growth (i.e. the impact on your future research and/or grant activities):

III. Project contribution to the University's mission:

IV. My qualifications for undertaking and completing this project (include current vita with list of publications) are:

V. Anticipated results of my proposed project (e.g. publications, books, reports, etc.)

VI. I am requesting professional leave for:

			semester/year at full pay (or
	and		at half pay.)
semester/year		semester/year	

SIGNATURES/RECOMMENDATION

FACULTY MEMBER

DATE

Department Head's Recommendation:

DEPARTMENT HEAD'S SIGNATURE

DATE

Dean's Recommendation:

DEAN'S SIGNATURE

DATE

FINAL ACTION:

LEAVE GRANTED	NOT GRANTED
IF GRANTED	

SEMESTER(S)/YEAR(S)

FULL PAY

HALF PAY

PROVOST/VICE PRESIDENT FOR ACADEMIC AFFAIRS

DATE

PRESIDENT

DATE