

Application for Faculty Educational Leave

NAME: _____ RANK: _____

DEPARTMENT: _____ COLLEGE: _____

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

Attach documentation of acceptance into graduate study and outline of program of study.

LEAVE REQUESTED:

Beginning: _____ Through: _____
(date) (date)

II. Educational Leave contribution to my professional growth:

III. Educational Leave contribution to the University's mission:

IV. Anticipated accomplishments during Educational Leave.

SIGNATURES/RECOMMENDATIONS:

Faculty Member

Date

Department Head's Recommendation:

Department Head's Signature

Date

Dean's or Designee's Recommendation:

Dean's or Designee's Signature

Date

FINAL ACTION:

Leave Approved/Not Approved (Circle One)

If Granted _____ Semester(s)/Year(s)

Provost and Senior Vice President
for Academic Affairs

Date

President

Date