

VI. I am requesting professional leave for:

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

SIGNATURES/RECOMMENDATION

FACULTY MEMBER

DATE

Department Head's Recommendation:

DEPARTMENT HEAD'S SIGNATURE

DATE

Dean's Recommendation:

DEAN'S SIGNATURE

DATE

RECOMMENDATION:

LEAVE GRANTED NOT GRANTED

IF GRANTED

SEMESTER(S)/YEAR(S)

VICE PRESIDENT FOR ACADEMIC AND STUDENT AFFAIRS

DATE

FINAL ACTION:

PRESIDENT

DATE

Upon Approval, Forward Signed Copy to Personnel