

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 _____ semester/year and _____ semester/year at half pay.)

SIGNATURES/RECOMMENDATIONS:

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 (Circle One)

If Granted

Semester(s)/Year(s)

Full Pay or Half Pay

Provost/ Senior Vice President for Academic Affairs

Date

President

Date