

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:

(date)

Through:

(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/RECOMMENDATION

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

IF GRANTED

SEMESTER(S)/YEAR(S)

PROVOST AND VICE PRESIDENT FOR
ACADEMIC AFFAIRS

DATE

PRESIDENT

DATE