

**APPLICATION FORM FOR
FACULTY DEVELOPMENT LEAVE
TARLETON STATE UNIVERSITY**

INSTRUCTIONS TO APPLICANTS:

1. Please complete Section A of the Application Form, and have the Department Head complete Section B. Be sure to sign the application, otherwise it will not be considered complete.
2. Refer to the Faculty Development Leave SAP found at http://www.tarleton.edu/policy/documents/12_99_01_TO_01.pdf for a complete overview of the Faculty Development Leave Policy.
3. Attach additional pages to the application if more space is needed. Also include letters of invitation, letters of support, etc.
4. **Attach copy of current curriculum vitae.**
5. Send both sections of the application to your Department Head by November 15, 2016

INFORMATION TO APPLICANTS REGARDING THE SELECTION PROCESS:

1. The Faculty Development Leave Committee will judge and rank proposals according to three main criteria: purpose and objectives (1-40 points), capability (1-40 points), and resources (1-20 points).
2. For any inquiries about the application process, please contact the current President of the Faculty Senate, the Chair of the Faculty Development Leave Committee, or the AVP of Curriculum, Assessment, and Faculty Affairs at x9598.

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SECTION A: To Be Completed by the Applicant

Name: _____ Department: _____

UIN: _____ Date of Appointment at Tarleton: _____

Title/Rank: _____ Years in Rank: _____

Years of Full-time Service at Tarleton: _____ Tenure date: _____

Date of Last Faculty Development Leave (if applicable): _____

PROPOSED PERIOD OF LEAVE

(CHECK ONE)

Full Academic Year, 20__ through 20__ or
Fall Semester, 20__ or Spring Semester, 20__

PURPOSE AND OBJECTIVES

1. Provide a brief summary of the purpose of the FDL. Limit this summary to 50 words or less.
2. Attach a two- to three-page description of the objectives to be accomplished and your qualifications for the proposed project. The description should specify how the project will result in professional growth, enhance Tarleton State's reputation, enrich students' educational experience, and increase overall level of knowledge in the applicant's area of expertise.

FACULTY ATTESTATION

Faculty Development Leave is granted with the understanding that it will not disrupt the academic program of the unit and that I shall return to Tarleton State University at the termination of the leave to serve for at least one academic year. I have read and agree to abide by the Faculty Development Leave Policy.

Date: _____ Signature of Applicant: _____

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SECTION B: To Be Completed by the Department Head

INSTRUCTIONS: Please answer the following questions and forward both sections of the application to the academic college dean within one week.

1. If the Faculty Development Leave is granted:
 - a. the absence of the applicant at the requested time will seriously affect the academic unit.
_____ Yes _____ No
If yes, please attach an explanation.
 - b. the applicant's workload will be assumed by the academic unit.
_____ Yes _____ No
If No, please complete the next statement.
 - c. the academic unit will require _____ FTE with the academic rank of _____ in order to assume the applicant's workload.

2. Comment as to the feasibility of the project and its potential value to the department, college, and/or institution:

RECOMMENDATIONS

Approved:

1) Department Head	Date
2) Dean	Date
3) VPAA/Provost	Date
4) President	Date