

**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](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, 2017

**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