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

#### **INSTRUCTIONS TO APPLICANTS:**

- 1. Please complete Section A of the Application Form.
- 2. Refer to the Faculty Development Leave SAP found at <a href="http://www.tarleton.edu/policy/documents/12\_99\_01\_T0\_01.pdf">http://www.tarleton.edu/policy/documents/12\_99\_01\_T0\_01.pdf</a> 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. Submit application (sections A and B) to your Department Head by **November 1.**

### 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 inquiries about the application process, please contact the current President of the Faculty Senate or the AVP of Curriculum, Assessment, and Faculty Affairs at x9598.

**SECTION A:** To Be Completed by the Applicant

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Nan	ne: Department:
UIN	: Date of Appointment at Tarleton:
Title	e/Rank:Years in Rank:
Yea	rs of Full-time Service at Tarleton:Tenure date:
Date	e of Last Faculty Development Leave (if applicable):
	OPOSED PERIOD OF LEAVE (ECK ONE)
	Academic Year, 20 through 20 or Semester, 20 or Spring Semester, 20
PUF	RPOSE 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.
FA(	CULTY ATTESTATION
prog	alty Development Leave is granted with the understanding that it will not disrupt the academic gram of the unit and that I shall return to Tarleton State University at the termination of the leave to be for at least one academic year. I have read and agree to abide by the Faculty Development Leave cy.
Date	e: Signature of Applicant:

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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 acade YesNo If yes, please attach an explanation.	mic unit.	
	b. the applicant's workload will be assumed by the academic unit.  YesNo  If No, please complete the next statement.		
	c. the academic unit will require FTE with the academic ran of in order to assume the applicant's workload.	ık	
2.	<ol> <li>Comment as to the feasibility of the project and its potential value to the departme and/or institution:</li> </ol>	nt, college,	
dear	Upon receipt by the academic department, the application will be routed through the depute dean, and provost. Each administrative officer will have one week to comment and forward packets. The provost will then forward packets to the FDLC for ranking.		
REC	RECOMMENDATIONS		
Арр	Approved:		
1) D	1) Department Head Date		
2) D	2) Dean Date		
3) V	3) VPAA/Provost Date		