

**APPLICATION FOR FACULTY DEVELOPMENT LEAVE**

**NAME** \_\_\_\_\_

**RANK** \_\_\_\_\_ **DEPARTMENT** \_\_\_\_\_

\_\_\_\_\_ Years of full-time academic service at SRSU (at least 4 required).

\_\_\_\_\_ Years since your last developmental leave (at least 6 required).

**INSTRUCTIONS**

Complete this page and attach an up-to-date curriculum vitae with a brief (not to exceed two pages) description of the project which you intend to accomplish during your leave. Clearly indicate the merits of the project and how it will enhance your teaching/research/professional development and how it will benefit SRSU. Applications (original and 5 copies) must be received in the office of the Vice President for Academic Affairs by the published deadlines. Additional information may be found in the Faculty Handbook.

**Administrative Information**

Period of Leave: For the \_\_\_\_\_ semester

For the \_\_\_\_\_ academic year

It is my intent to remain at Sul Ross State University at least one academic year after completion of my leave. If I do not fulfill my year of service, I agree to reimburse the University the amount I received in salary from the State of Texas while on leave.

\_\_\_\_\_  
Signature of the Applicant

## FACULTY DEVELOPMENT LEAVE SIGNATURE FORM

This form is to be completed by the applicant, by the specified administrative levels, and by the Faculty Affairs Council.

Applicant \_\_\_\_\_

Department/Area \_\_\_\_\_

**For the Department Head:**

\_\_\_\_\_ The applicant meets the eligibility requirements.

\_\_\_\_\_ The application is acceptable for review based on the information requested in the Application Form.

Program and/or curricular comments may be attached.

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

**For the Dean:**

Program and/or curricular comments may be attached.

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

**For the Committee Chair:**

Comments may be attached or application may be forwarded without comment.

Forwarded with Recommendation for Approval \_\_\_\_\_

Forwarded with Recommendation for Denial \_\_\_\_\_

\_\_\_\_\_  
Committee Chair

\_\_\_\_\_  
Date

**For the Vice President for Academic Affairs:**

Recommendation for Approval \_\_\_\_\_

Recommendation for Denial \_\_\_\_\_

\_\_\_\_\_  
Vice President for Academic Affairs

\_\_\_\_\_  
Date