

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

INSTRUCTIONS TO APPLICANTS:

1. Please complete Section A of the Application Form. Your Department Head must complete Section B.
2. Refer to the *Faculty/Staff Handbook* 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. Sign the application, otherwise it will not be considered complete.
6. Send both sections of the application to your Department Head by November 7, 2014.
7. In accordance with TSU policy, submit a final report to the chair of the Faculty Development Leave Committee within three months of the completion of the development leave. Failure to submit a final report will result in denial of all subsequent development leave requests.

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, call or email the office of Academic Affairs at 9992 or email aforeman@tarleton.edu so that you will be forwarded to the current President of the Faculty Senate and Chair of the Faculty Development Leave Committee.

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SECTION A: To Be Completed by the Applicant

Name: _____ Department: _____

Social Security Number: _____ Date of Appointment at TSU: _____

Title/Rank: _____ Years in Rank: _____

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

Date of Last Faculty Development Leave: _____

**PROPOSED PERIOD OF LEAVE
(CHECK ONE)**

Full Academic Year, 20__ through 20__ or
____ Fall Sem., 20__ or
____ Spring Sem., 20__

PURPOSE AND OBJECTIVES

1. Provide a brief summary of why you are requesting leave. 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. Your description should specify how your project will result in your professional growth, enhance Tarleton State's reputation and your students' educational experience, and will increase your overall level of knowledge in your 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 the Faculty Development Leave Policy and will abide by it.

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 dean of your college by _____.

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 the answer is Yes, please attach an explanation.

- b. the applicant's workload will be assumed by the academic unit.
_____ Yes _____ No

If the answer is No, please complete the next statement.

- c. the academic unit will require _____ F.T.E. with the academic rank of _____ in order to assume the applicant's workload.

(1/4, 1/2, 3/4, or 1)

2. Comment as to the feasibility of the project:

RECOMMENDATIONS

Approved:

1) Department Head Date

2) Dean Date

3) VPAA/Provost Date

4) President Date