



College of Arts and Sciences
Office of the Dean

SCHOLARLY FELLOWSHIP LEAVE REQUEST FORM

Department:

Faculty Member's Name:

Faculty Member's Rank and Title:

Dates of Prior Scholarly Fellowship Leaves (if applicable):

Proposed Leave Duration:

Sponsoring Organization or Agency:

Proposal Title:

Amount of Award:

Current Salary:

College "Top-Up" Amount:

Description of Fellowship Leave's Significance for Faculty Member's Research Program:

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Description of How the Fellowship Leave Contributes to the Goals and Mission of the Department, College, and/or University:

Description of How Undergraduate and Graduate Instructional and Supervisory Needs Will Be Met:
(include details about course numbers, titles, projected enrollments, graduate advisees, and the names of faculty who will teach courses and/or supervise research):

Faculty Signature

Chair Signature