



APPLICATION FOR FACULTY DEVELOPMENT LEAVE PROGRAM

Administrative Head Information Sheet

Applicant's Name: _____

Unit: _____

College: _____

1. How will the applicant's proposed development leave program plan assist the applicant's professional development?

2. How will the proposed development leave program plan be of value to the applicant's unit?

3. Are funds and personnel available to permit assumption of the applicant's duties if the leave is granted:

Yes _____ No _____

Signature of Administrative Head or Administrative Supervisor

Date: _____