

APPENDIX H

COLORADO STATE UNIVERSITY-PUEBLO
FACULTY DEVELOPMENT LEAVE APPLICATION

DEADLINE: **SEPTEMBER 30** to Department Chairs

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Rank and/or Title
_____		_____	
Date of Request	Date of Initial Employment/USC		

Date of all prior Leaves (with or without pay)

Type of Leave Requested: (check one)
 Sabbatical Enhancement Development

Duration of Leave Requested: (give inclusive dates)
 Academic Year Calendar Year
 Fall Semester Spring Semester

Your application dossier must include responses to the following (see Faculty Handbook, Section 2.11.2, 2.11.3 and 2.12.4):

- A. The objectives of the proposed leave.
- B. A complete description of the leave activities, the plan for achieving the proposed objectives, and documentation that proper and adequate preparations have been made to ensure that the leave activities are feasible.
- C. A statement of the benefits you believe will accrue to you, your department, your college or school, and/or the University from this leave.

I have read the Faculty Handbook policies governing faculty development leaves and agree to comply with the terms and conditions set forth therein. If sabbatical leave is awarded, I agree to return to the University for a full academic year immediately following the conclusion of the leave.

Signature of Applicant