

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

FACULTY DEVELOPMENT LEAVE FOR COMPENSATED TENURED FACULTY APPLICATION FORM

Instructions: Items 1 through 5 of this form should be completed by the applicant and forwarded through the administrative channels as indicated on this form.

1. EMPLOYMENT AT TTUHSC El Paso

Name: _____

Position Title: _____

Department/Division (if applicable): _____

School of: _____

Number of academic years applicant has been employed at TTUHSC El Paso: _____

Have you served as a member of the "faculty" for at least five consecutive academic years in the Schools of Medicine, Dental Medicine, Nursing or Graduate School of Biomedical Sciences?_

Will you be tenured at the beginning of the faculty development leave? _____

Have you previously had a faculty development leave at TTUHSC El Paso? _____

If yes, provide the dates and describe the results of the leave:

2. PROPOSED LEAVE

Provide a brief statement of the nature of the proposed leave:

Period (dates) for which leave and compensation are requested:

From: _____ To: _____

NOTE: A one-half year leave will be at full salary while a year leave will be at one-half salary.

3. SCHOLARLY AND PROFESSIONAL ACTIVITIES

Attach a current Curriculum Vitae.

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6. DEPARTMENT CHAIR/ASSOCIATE DEAN APPROVALS

(Omit if the applicant is the department chair or if there is no department chair structure.)

a. Does the applicant meet the eligibility requirement? _____

Is this proposal acceptable for review based on the information requested above? _____

b. Provide an evaluation of the proposal in terms of the stated goals or purpose.

c. Evaluate the likelihood that the experience outlined in the proposal will be successful.

d. Evaluate the proposal in terms of its effect on the Department, School and TTUHSC El Paso.

Signature of Department Chair: _____

Date: _____

Type Name of Department Chair: _____

Signature of Supervisor (Department Chair or Assoc Dean): _____

Date: _____

Type Name of Supervisor (Department Chair or Assoc Dean): _____

7. DEAN'S APPROVALS

() I have read this proposal and agree that it will make a significant contribution.

() I have elected to attach additional information regarding my evaluation of this project.

Signature of Dean: _____

Date: _____

8. EXECUTIVE APPROVAL

Vice President for Faculty Success or Designee: _____ Date: _____

President: _____ Date: _____

9. BOARD APPROVAL

(To be completed and distributed by the President's Office)

Date of Board Meeting and Item Number: _____

xc: Dean's Office; Department Chair; Applicant