

I. APPLICANT INFORMATION

NAME:

RANK:

COLLEGE:

DEPARTMENT:

DATE OF APPOINTMENT:

STATUS:

DATE OF TENURE:

(X/XX)

(IF APPLICABLE)

(X/XX)

REQUESTED LEAVE:

DATE OF LEAVE:

HAVE YOU BEEN GRANTED LEAVE BEFORE?

YES

NO

DATE OF PREVIOUS LEAVE:

TYPE OF LEAVE:

DATE OF PREVIOUS LEAVE:

TYPE OF LEAVE:

I agree to the obligations and conditions contingent to Faculty Development Leave as set forth by the Nevada System of Higher Education.

Signature/Date

II. ACKNOWLEDGEMENT OF APPLICATION BY DEPT CHAIR/UNIT DIR & DEAN

CHAIR:

Print name

I acknowledge that I have had opportunity to review Applicant's application for Faculty Development Leave and am aware of Applicant's intention to apply for such leave.

Signature/Date

DEAN:

Print name

I acknowledge that I have had opportunity to review Applicant's application for Faculty Development Leave and am aware of Applicant's intention to apply for such leave.

Signature/Date

III. EVALUATIONS BY DEPT CHAIR/UNIT DIR, DEAN, & OTHERS

Support from the department/unit and college/school of the applicant is among the primary criteria considered by the Committee in recommending awards. Accordingly, the Committee encourages the Department Chair / Unit Director and the Dean to submit letters that assess the following: (i) how the leave project would increase the applicant's effectiveness; (ii) how it would benefit the university, and (iii) its feasibility (including compatibility with existing courses, time constraints, etc.). Please also comment on the applicant's performance in teaching, research, service or other duties as applicable and on work done during previous leaves at UNLV taken by the faculty member (where applicable).

The Applicant may also submit evaluation letters from others who wish to assess the applicant's proposal based on the criteria listed above.

All letters must be included in the applicant's electronic application. *Confidential* evaluation letters are not a requirement for this application.