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Faculty Development Leave (FDL)

Application

Applicant Information

Name of applicant: Click or tap here to enter text.

Academic rank: Click or tap here to enter text.

Department: Click or tap here to enter text.

College/School: Click or tap here to enter text.

Eligibility

Full-time faculty may submit proposals for FDL if they meet the eligibility qualifications stated in the [request for proposals](https://www.uttyler.edu/research/faculty-development.php).

Date of initial hire at UT Tyler in full-time faculty position: Click or tap here to enter text.

Number of consecutive years employed as a full-time faculty member at UT Tyler: Click or tap here to enter text.

Date tenured or expected to be tenured: Click or tap here to enter text.

If you have received any other development leave within The University of Texas System, please provide the number of years it has been since completion of the last FDL: Click or tap here to enter text.

List any leaves longer than three months that you have taken since the date of hire with UT Tyler or since your return from the last FDL (include type of leave, dates of leave, and funding source for the leave): Click or tap here to enter text.

FDL Type and Travel Destination (if applicable)

Faculty members may choose one of two types of leave, please read information in the [request for proposals](https://www.uttyler.edu/research/faculty-development.php) before making a choice. Please select the type of leave that you are requesting:

Academic year (cannot cross academic years) at one half of regular salary.

Semester at full salary. Please select one:  Fall  Spring

Proposed dates of FDL: From: Click or tap here to enter text. To: Click or tap here to enter text.

Please list the names of any cities, states, and/or foreign countries that you plan to visit as part of your FDL project plan and the dates that you will be in each location (if applicable): Click or tap here to enter text.

Faculty Development Leave Proposal

To be considered for an award, the Faculty Leave Application must include a proposal with the following sections attached. See the [request for proposals](https://www.uttyler.edu/research/faculty-development.php) for guidance on completing, formatting, and submitting the application and proposal.

* Project Summary (one page)
* Project Description (5 pages, excluding references and attachments)
* Required Attachments:
  + Current CV (3-page limit)
  + Copies of letters of invitation or authorization to use facilities or materials of another organization, if applicable
  + Copies of all outside funding agreements if relevant to the FDL Statement of Plan.

Describe any other non-FDL funds and income that you anticipate receiving while on FDL: Click or tap here to enter text.

Is your acceptance of an FDL award dependent upon award of additional non-FDL funds to support the Statement of Plan? If yes, please explain.

No

Yes: Click or tap here to enter text.

Your signature below indicates that you have read and understand the requirements of accepting a FDL award as described in the [request for proposals](https://www.uttyler.edu/research/faculty-development.php)**,** and that you are willing to remain employed by UT Tyler for at least one year after the expiration of the term of your FDL, unless this requirement has been waived, in writing, by the Chancellor.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Applicants must obtain signatures from the Chair of their department and the Dean of their college prior to submitting this application.

Signature of Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**This page for the Office of Academic Affairs use only.**

Date received by Office of Research and Scholarship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations

## Provost

Approved

Not Approved

Comments: Click or tap here to enter text.

Signature of Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

## President

Approved

Not Approved

Comments: Click or tap here to enter text.

Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_