Application for Faculty Development Awards (FDA) Program
FACULTY SABBATICAL LEAVE COVER PAGE

1. **Type of Award:** Faculty Sabbatical Leave
2. **Applicant Information:**
   Name:
   Department:
   Office:
   Office Phone:
   e-mail address:

   Date of initial appointment to full-time tenure-track faculty status:
   Date(s) of previous sabbatical leave(s):
   Type(s) of previous sabbatical leave(s) (FDA or re-entry):

3. **Requested Leave Period**:

4. **Other Current FDA Award Applications:**

5. **Title of Project**:
   a. **IRB/IACUC/IBC Approval # / Status** (if applicable):
   b. Note: This information is for committee review and will not impact project scoring.

6. **Short Project Description** (200 word max):

7.

_____   _____
         signature*   date

* By typing your name or pasting your signature in the space provided you are allowing this application to be reviewed by the Faculty Benefits Committee for a possible award. The applicant is also aware that failure to comply with the instructions may result in this proposal not being reviewed.