

Research Leave Request Checklist

Name: _____ Title: _____

Department: _____ Semester/Year: _____ Associate Dean: _____
Fall _____ Spring _____ Yr. _____

Terms: _____ JRF RET GEN 1 / 2 courses

Requesting course coverage: n/a _____ No _____ Yes _____

Requirements:

_____ 1. Statement outlining the programs to be followed while on leave.

_____ 2. Chair's supporting letter

_____ 3. Current Vita: included _____ on file

To be complete by the Dean's Office

Assoc. Dean's Approval: _____

Report due: _____

Research Leave Report Checklist

Name: _____ Title: _____

Department: _____ Date of Leave: _____

- _____ 1. Received in the Dean's Office no later than the end of the first full semester following the leave.
- _____ 2. Statement of accomplishments
- _____ 3. Fully met objectives outlined in RRT request.
- _____ 4. Copy of RRT request should accompany the report.

To be complete by the Dean's Office

Date report rec'd.: _____ Final report approved: _____