Appendix A
Transmittal Form
Faculty Research Leave Program

1. Name/Title:_________________________________________________________

2. Rank:_______________________________________________________________

3. Length of Contract: [ ] 9 Months [ ] 12 Months [ ] Other

4. Department:_________________________________________________________

5. Number of Full Time Faculty in Department: ____________________________

6. Campus Address:_____________________________________________________  

7. Campus Phone:_______________________________________________________

8. Project Title:_________________________________________________________
_______________________________________________________________________

9. Proposed Start Date:___________________ End Date:_________________

10. Type of Application: [ ] Individual [ ] Joint
(If joint, both faculty must complete a separate copy of this form.)

11. Have you received a Sabbatical or Faculty Research Leave in the Past? [ ] Yes [ ] No

   If Yes, provide dates of leave and a brief listing of outcomes achieved as an addendum to this form.

12. Does this project involve:
Human Subjects [ ]Yes [ ]No
Use of Animals [ ]Yes [ ]No
Biohazards [ ]Yes [ ]No
Isotopes [ ]Yes [ ]No

   If Yes to any of the above, mark status of application for review:
   [ ] Approved [ ] Pending Review [ ] Not submitted

Applicant’s Signature_____________________________________ Date ________

Unit Administrator’s Signature_____________________________ Date ________

Dean’s Signature_________________________________________ Date ________

Provost’s Signature (if approved)___________________________ Date ________