Appendix B
Departmental Impact Statement
Provost’s Faculty Research Leave Program

These questions must be addressed by the Applicant’s Unit Administrator if the submission is to be presented to the Dean for his/her submission to the Provost:

1. Provide a comprehensive assessment of the research proposal, including information on the
   a. intellectual merit of the proposal
   b. candidate’s capability to handle the project
   c. relationship of the proposal to the department’s strategic plan/vision

2. What are the applicant’s teaching, clinical, and administrative responsibilities during the proposed leave period?

3. If this leave is granted, how will the applicant’s responsibilities be covered during the period of this leave?

4. What are the salary and fringe-benefit costs of this replacement?

Signatures
This proposal has our endorsement and support. If this leave is granted the resources will be used, in part, to cover the cost of replacing the teaching duties of the applicant during the leave period.

Signature of Unit Administrator:_________________________ Date:___________

Signature of Dean:_____________________________________ Date:___________