

Academic Leave Application

Applicant Name:		Department:	
Semester(s) for which leave is requested:		College:	
Date of VSU hire: Current rank of faculty member:		Years as a full-time faculty member at VSU:	
Regularly assigned duties for teaching, research, and service: (e.g., courses to be taught, enrollment anticipated, number of advisees, committee service expected).			
Purpose of requested Academic Leave and detailed time line of activities (e.g., When will the expected product reach the final approval stage? Anticipated publication date? Submission of complex federal grant?)			
Anticipated Product (s) resulting from requested Academic Leave:			
List previous course reassignments for scholarship, research, and creative activities as well as any previous leaves with pay and the scholarly products produced.	Type of Support	Project	Product
List internal funding that you have received for scholarship / research:			

When will the expected product reach the final approval stage (e.g., When will a book be published? When will a complex federal grant be submitted? Etc.)	
Attach a current CV	

Signature _____ Date _____

I understand that I will maintain full-time employment with VSU for a period of two years following completion of the Academic Leave unless dismissed from this obligation by the university.

Resource schedule to accommodate requested leave: (To be completed by Department Head of the Department in which the faculty member serves). Discuss likelihood that project will be completed and resources that will be used to cover duties of the faculty member requesting Academic Leave.	
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*All duties of the faculty member requesting Academic Leave can be addressed at the Departmental level in collaboration with the Dean and Provost.

Approver	Approved/Not Approved (Please circle one)	Signature	Date
Department Head/Director	Approved Not Approved		
Dean	Approved Not Approved		
Deans' Council	Approved Not Approved		
Provost	Approved Not Approved		
President	Approved Not Approved		