

**Unpaid Academic Leave of Absence Application
Faculty of the Sam Fox School of Design & Visual Arts**

Faculty Name: _____

Academic Rank and College: _____

First Year of Tenured or Tenure-track Appointment: _____

Request for Academic Year ____ - ____ Fall semester__ Spring semester__ Full year__

Previous Leaves:

<u>Academic Year</u>	<u>Duration (Year, Fall or Spring Semester)</u>	<u>Salary (100%, 50% 0%, other)</u>

Please attach a one-page proposal from the applicant indicating the purpose and plans for the requested leave.

Signature of Applicant

Date

Recommendation of the College Dean: *Please indicate on an attached page who else from this department may be on leave for this same academic year and what effect this leave will have on the department. Also address whether the department will need temporary faculty for essential courses, or will regular faculty cover the courses, or will it be acceptable to omit courses?*

Signature of College Dean

Date

Submit this form to:
Dean of the Sam Fox School
Campus Box 1213

Recommendation of the dean of the Sam Fox School:

Signature of the Dean of the Sam Fox School

Date

For use by Dean's Office only
Original: Dean's Files
cc: Human Resources