

**APPLICATION FOR LEAVE or FACULTY DEVELOPMENT GRANT**  
**The University of Tennessee at Chattanooga**

*Because of discrete deadlines, faculty who seek both a faculty development grant and a leave should submit applications for both.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Rank \_\_\_\_\_

Number of years at UTC \_\_\_\_\_ Year of most recent sabbatical/study leave \_\_\_\_\_

Type of Request:

- \_\_\_\_\_ Individual Faculty Development Grant
- \_\_\_\_\_ Group Faculty Development Grant
- \_\_\_\_\_ Research Sabbatical/Study Leave
- \_\_\_\_\_ Instructional Improvement Sabbatical
- \_\_\_\_\_ Leave of Absence (unpaid)

*Deadlines for  
submission to Provost*

*9/15, 1/15, 4/1 7/15*

*9/15/, 1/15, 4/15*

*c. 10/20*

*c. 10/20*

*c. 10/20*

Term of Requested Leave: **From:** \_\_\_\_\_ **to** \_\_\_\_\_

**Brief Title of Project:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Location:** \_\_\_\_\_

**Requested Budget:**

- I. **Describe the primary objectives of the requested grant or leave.** Please provide information which will distinguish your request from others which may be similar. Indicate the direction professional development is likely to take. If seeking to initiate research, explain why this project is appropriate at this time.

- II. List the anticipated outcomes of the requested grant or leave for you, the University and your discipline.** You may wish to indicate how your syllabi, lectures and future scholarship will be affected, what form the results of research are expected to take, or the benefits of service activity.
- III. Describe the plan or strategy you will follow to achieve these outcomes.** Indicate the reasons for the location you have chosen. Identify any institutions or individuals with which you will work, and any sources of external funding.
- IV. Indicate standards appropriate for evaluation of the projected outcomes by which you or others will measure your performance.**
- V. Describe in brief the results of any previous grants or leaves granted to you by The University of Tennessee at Chattanooga.**

Signature of Applicant \_\_\_\_\_

## REVIEW OF REQUEST

### DEPARTMENT HEAD

Recommend

Do Not Recommend

Comments (If approval is noted for a leave, indicate how the department would plan for the absence of the faculty member):

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Dept. Head Signature

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Department

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Date

### DEAN OR DIRECTOR

Recommend

Do Not Recommend

Comments:

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Dean/Director Signature

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Unit

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Date