

PART I: FACULTY SABBATICAL LEAVE COVER PAGE

1. **Type of Award:** Faculty Sabbatical Leave
2. **Applicant Information:**
Name:
Department:
Office:
Office Phone:
e-mail address:

Date of initial appointment to full-time tenure-track faculty status:
Date(s) of previous sabbatical leave(s):
Type(s) of previous sabbatical leave(s) (FDA or re-entry):
3. **Requested Leave Period:**
4. **Other Current FDA Award Applications** (please note if award applications are co-dependent):
5. **Title of Project:**
 - a. **IRB/IACUC/IBC Approval # / Status** (if applicable):
 - b. Note: This information is for committee review and will not impact project scoring.
6. **Short Project Description** (200-word max):

7.

signature*

date

* By typing your name or pasting your signature in the space provided you are allowing this application to be reviewed by the Faculty Benefits Committee for a possible award. The applicant is also aware that failure to comply with the instructions may result in this proposal not being reviewed.