

Please include this document with each application sent to the dean.

Name of faculty member: _____

3.1.2

A signed statement by the department chair (or equivalent) and by the dean, reading:

This professional leave is recommended with the understanding that the departmental or area operations will not be jeopardized by the awarding of this leave and that the granting of this leave will not result in any additional dollar cost to the University.

Chair

Date

Academic Director

Date

Chancellor

Date

Dean

Date