

**FACULTY DEVELOPMENT
DEPARTMENT/COLLEGE
SUPPORT**

Applicant Name: _____

Departments: _____

College: _____

Title of Project: _____

DEPARTMENT A SUPPORT

I support this application for a Faculty Development award.

Briefly, describe how staffing arrangements have been made to maintain quality instructional services to students during the leave.

DEPARTMENT A SUPPORT CONTINUED

I am unable to support this application for a Faculty Development award.

Describe rationale for lack of support.

Signature of Department Chair

Date

COLLEGE SUPPORT

I support this application for a Faculty Development award.

Briefly, justify the need for Supplemental Sabbatical Support.

I am unable to support this application for a Faculty Development award.

Briefly, describe the rationale for lack of support.

Signature of College Dean

Date