



Instructions

Faculty Development Fellowship

Please read all instructions before completing the form.

Document will open in your browser window. Be sure to save the document on your hard drive. Click on the File Menu and choose Save As. Some document fields will not work in browser windows.

To enter text, click on the appropriate field and begin typing. The final document will need to be printed for the required signatures.

OVERALL INSTRUCTIONS

Use this form to apply for faculty development fellowship. Please review policy information at <http://www.unomaha.edu/academic-and-student-affairs/academic-affairs/academic-human-resources/faculty-development-fellowship.php> before completing the form.

Section I: Applicant Information

1. Enter the faculty member's name.
2. Enter the current date.
3. Choose the type of leave requested from the drop down menu.
4. Enter the department and college names.
5. Check the appropriate boxes for the kind of leave requested.
6. Enter specific information about the professional development activities you wish to pursue during the leave period and how both you and the university will benefit from this leave.

Section II: Signatures

7. Sign and date the form.
8. Secure the College Dean's signature.
9. Secure the Senior Vice Chancellor's signature.
10. Secure the Board of Regent's approval.

Section I: Applicant Information		
1. Applicant Name		2. Current Date:
3. Type of Leave Requested	4. Department and College	
5. Leave Requested for _____ to _____ (Check the appropriate box(es).) Academic Year or Fiscal Year at half pay First Half or Fall Semester, with full pay Second half or Spring Semester, with full pay Other (describe)		
6. Provide the following information, appending additional pages as necessary: a. Describe in detail the professional development activities you wish to pursue during the leave period. b. State how both you and the University will benefit from receiving this leave.		
Section II: Signatures		
To the best of my knowledge, I satisfy the eligibility requirements for a University of Nebraska at Omaha Faculty Development Fellowship. If I become a recipient, I accept the obligation of one year's employment with the University following the leave period or agree to reimburse the University for all pay received during the leave period unless waived by the Board or its designee.		
I further understand that I must submit a report of the leave activities in order to be considered for any salary adjustment based upon performance.		
7. Applicant's Signature		Date:
Dean's Review and Endorsement		
Priority rank (1=highest)	8. Dean's Signature	Date
Senior Vice Chancellor's Review and Endorsement		
	9. Senior Vice Chancellor's Signature	Date
Board Review and Endorsement		
	10. Approved Disapproved	Meeting Date