## **Faculty Development Fellowship Application**

Section I: Applicant Information				
1. Applicant Na	me			2. Current Date
3. Department			4. College	
5. Dates of Leav	ve Request	Dates to	Fiscal Year at half pay mester with full pay ng Semester with full pay	
6. Provide the following information, appending additional pages as necessary:				
<ul> <li>a. Describe in detail the professional development activities you wish to pursue during the leave period.</li> <li>b. State how both you and the University will benefit from this leave.</li> </ul>				
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 am 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 of Regents or its designee.  I further understand that I must submit a report of leave activities in order to be considered for any salary adjustment based upon performance.				
7. Applicant's Signature				Date
.,	J			Date
Dean's Review and Endorsement				
Priority rank (1=highest)	8. Dean's Signat	ture		Date
Senior Vice Chancellor's Review and Endorsement				
	9. Senior Vice Cl	nancellor's Signatur	e	Date
Board of Regents Review and Endorsement				
	10. Approx	ved Disapprov	ved	Meeting Date