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| Faculty Development Leave Request 2024/2025 | |
| Applicant’s Name |  |
| Applicant’s Rank |  |
| Applicant’s Department: |  |
| Applicant’s College |  |
| Years at SFA |  |
| Dates of Previous Faculty Development Leave |  |
| Semester(s) of Request |  |
| Statement of Purpose: | |

If awarded a Faculty Development Leave, I agree to submit a report to the Dean of my College following completion of the Leave and comply with all provisions of HOP policy 02-309.

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Applicant Date  
  
I certify that the College can fund this faculty development leave if Provost funding is not available. YES/NO

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Department Unit Head/Date Dean/Date