

The University of Akron
PROFESSIONAL DEVELOPMENT LEAVE REQUEST (AY _____ - _____)
COVER PAGE

Please see CBA Article 18 for details

Applications due to academic unit chair/director by October 1

NAME:	DEPARTMENT:	Zip +	TERM REQUESTED		
			FULL YEAR	FALL ONLY	SPRING ONLY
RANK:	EMPLOYEE ID		_____	_____	_____

Checklist for Submission

- Non-technical abstract (cannot exceed one (1) page)
- Statement of the proposed activities, including a summary of the plan of action and its significance (cannot exceed three (3) pages)
- Statement of any additional financial subsidy (i.e.: external funding) associated with the application (cannot exceed one (1) page)
- Statement of how the proposed activities relate to the applicant's current fields of expertise: are the proposed activities an extension of current activities, are they new, etc. (cannot exceed one (1) page)
- Statement of the expected results and the impact (cannot exceed two (2) pages)
- Statement on the feasibility of the proposed activities (cannot exceed one (1) page)
- Two (2) page Curriculum Vitae
- If applicable, information that demonstrates success from earlier PDL's

ACADEMIC UNIT CHAIR/DIRECTOR RECOMMENDATION: ___ FOR ___ AGAINST*

DEAN RECOMMENDATION: ___ FOR ___ AGAINST*

PDL JOINT REVIEW COMMITTEE RECOMMENDATION: ___ FOR ___ AGAINST*

PROVOST RECOMMENDATION: ___ FOR ___ AGAINST*

***rationale provided and attached**

SIGNATURE (FACULTY MEMBER)

DATE

SIGNATURE (DEPARTMENT CHAIR/SCHOOL DIRECTOR)

DATE