TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

FACULTY DEVELOPMENT LEAVE FOR COMPENSATED TENURED FACULTY APPLICATION FORM

Instructions: Items 1 through 5 of this form should be completed by the applicant and forwarded through the administrative channels as indicated on this form.

Name:	
TTUHSC R#:	
	able):
School of:	
Number of academic years ap	plicant has been employed at TTUHSC:
Have you served as a member	er of the "faculty" for at least five consecutive academic years in the Schools of Allied Heal
Sciences, Nursing, Medicine of	or Pharmacy?
Will you be tuested:	
From:	To:

3. SCHOLARLY AND PROFESSIONAL ACTIVITIES

Attach a current Curriculum Vitae.

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4.	PROJECT INFO	RMATION						

a.	State the objectives of the development project and how the applicant and TTUHSC will benefit from these activities.
b.	Indicate the location of project, facilities to be used, and a schedule (when appropriate).

c. Identify Project personnel other than the applicant and describe their responsibilities.

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6. CHAIRPERSON/ASSOCIATE DEAN APPROVALS