

Faculty Development Leave 2026-2027 Submission Proposal

Complete and sign this form electronically and submit along with your application packet to your academic unit dean/director. ***Dean/Director must sign this form and also provide a letter of support to complete the application packet.***

Name: _____ Rank: _____

College/School & Dept. name: _____

Email Address: _____

University Ext: _____ Cell Phone: _____

Period for which leave and compensation are requested:

☐ Fall 2026 ☐ Spring 2027 ☐ Fall 2026 & Spring 2027 (half pay and benefits)

I have applied for Institutional Research Board approval (check one):

☐ Yes ☐ No ☐ Not applicable

I have applied for Animal Care and Use Committee approval (check one):

☐ Yes ☐ No ☐ Not applicable

I have attached all required materials per section 3.2 of university procedure [12.99.01.C1.01 Faculty Development Leave](#) (check one):

☐ Yes ☐ No ☐ Not applicable

On my leave, I plan to spend 60 or more days in a country outside of the United States. I understand that if awarded this leave, I will be responsible to pay the required costs for external legal review of that leave, estimated to be \$2,000-\$3,000.

☐ Yes ☐ No ☐ Not applicable

Statement of Commitment: I intend to continue service in my profession and at TAMU-CC for at least two full semesters following leave. Within 60 days of the end of my leave period, I agree to submit a 2-3 page report to the Provost, my college dean/school director, and department chair, detailing the purpose for which the leave was given, activities and accomplishments during the leave which fulfilled the stated purpose, impact and benefits, and future accomplishments likely to result from the leave. I also agree to conduct a faculty presentation about my leave experiences during the first long semester after my return.

Faculty Signature: _____ Date _____

Dean/Director signature: _____ Date _____

CFE use only

CFE Recommendation:

☐ Approved

☐ Disapproved

Committee Chair Signature: _____ Date _____

Provost Recommendation:

☐ Approved

☐ Disapproved

Provost Signature: _____ Date _____