

F. Arrangement for financial support (if anticipated remuneration in addition to the College allowance is involved, complete details must be supplied):
Please note: QUESTION F MUST BE COMPLETED OR APPLICATION WILL BE RETURNED. IF ANSWER IS NONE IT MUST BE STATED.

If granted this award for the restoration of health, I agree that at the expiration of the leave, I shall be examined by the College Physician.

If granted this fellowship leave, I shall continue to serve at least one full year following my return. I agree to submit to the Chairperson for the Department and the Provost, within 30 days of my return to the College, a report in writing, including an abstract of 150 works, outlining work accomplished during the period of the leave.

Signature of Applicant: _____

Address During Leave: _____

Department Chairs must be notified in writing of candidate's acceptance of fellowship leave by May 30th, for leaves beginning in September, or by December 1st, for leaves starting in February.

The Department Personnel and Budget Committee, after consultation with the Dean, has reviewed this application. A majority of its members recommend that the fellowship leave be granted. In so recommending, the committee affirms that, to the best of its knowledge, the project will enhance the professional and academic development of the applicant, and that the work of the department in which the applicant serves can be so arranged as to be carried forward effectively during the leave, without impairment of instructional quality and with no additional cost to the College.

The Department Chair's signature below is taken as affirmation that the above conditions are met. The Divisional Dean's signature carries with it the same presumption.

APPROVALS

DEPARTMENT CHAIR: _____ DATE: _____
(Signature)