

**Unpaid Academic Leave of Absence Application  
Faculty of the Sam Fox School of Design & Visual Arts**

Faculty Name: \_\_\_\_\_

Academic Rank and College: \_\_\_\_\_

First Year of Tenured or Tenure-track Appointment: \_\_\_\_\_

Request for Academic Year \_\_\_\_ - \_\_\_\_    Fall semester\_\_    Spring semester\_\_    Full year\_\_

**Previous Leaves:**

<u>Academic Year</u>	<u>Duration (Year, Fall or Spring Semester)</u>	<u>Salary (100%, 50% 0%, other)</u>

*Please attach a one-page proposal from the applicant indicating the purpose and plans for the requested leave.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Recommendation of the College Director: *Please indicate on an attached page who else from this department may be on leave for this same academic year and what effect this leave will have on the department. Also address whether the department will need temporary faculty for essential courses, or will regular faculty cover the courses, or will it be acceptable to omit courses?*

\_\_\_\_\_  
Signature of College Director

\_\_\_\_\_  
Date

Submit this form to:  
Dean of the Sam Fox School  
Campus Box 1213

Recommendation of the Dean of the Sam Fox School:

\_\_\_\_\_  
Signature of the Dean of the Sam Fox School

\_\_\_\_\_  
Date