

**COVER SHEET FOR FACULTY AFFAIRS
COMMITTEE SPECIAL SCHOLARLY LEAVE/
SPECIAL TEACHING LEAVE**

Name:

Department:

Semester Requesting Special Leave:

Application for:

Special Scholarly Leave

Special Teaching Leave

If other please explain:

Rank of the applicant applying for a Special Leave:

Assistant Professor

Associate Professor

Full Professor

If other please explain:

Number of years at Hofstra as a full-time faculty member:

Have you ever been granted a Special Leave at Hofstra University?

Yes

No

If yes: Date(s) of previous Special Leave(s) taken:

Please explain the outcome(s) of the previous Special Leave(s):

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SPECIAL LEAVES**

Attach an Abstract/Summary of the proposal for a Special Leave (No longer than 250 words): Please be sure to include a description of the project and significance of proposed research.

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Proposed outcomes of the Special Leave (article, review, field study, etc):

