

**ST. LAWRENCE UNIVERSITY
REQUEST FOR FACULTY PROFESSIONAL LEAVE
ACADEMIC YEAR 2008-2009**

Name: _____ Phone _____

Rank _____ Department _____

Type of Last Leave _____ Date of Last Leave _____

Type of requested leave for the 2008-2009 Academic Year:

____ one semester Professional Leave [____ fall semester ____ spring semester]

____ one year Professional Leave

____ other, please explain:

Purpose of this leave:

____ research-writing ____ study ____ travel ____ teaching

____ other, please explain:

If applicable, list your applications for supportive funding during this leave, completed or pending, with foundations or other agencies:

Do you need to retain your office and/or desktop computer system while on leave? If so, please explain.

Please submit the following items to your department chairperson/program coordinator:

- a completed copy of this form
- a full statement of the purpose of this leave (Please attach a copy to this form as well as submit an electronic copy to the Dean's Office to acadean@stlawu.edu.)
- a current curriculum vitae

The department chairperson/program coordinator should respond to the following questions, sign the form, and forward all materials to the Dean's Office no later than Friday, June 1, 2007:

Will a replacement position be requested for this absence?

If so, will the replacement require an office and/or desktop computer system?

Recommended by: _____ (date) _____
(Department Chairperson)

Approved by: _____ (date) _____
(Academic Dean)

Approved by: _____ (date) _____
(President)