

The University of Akron  
**PROFESSIONAL DEVELOPMENT LEAVE REQUEST (AY \_\_\_\_\_ - \_\_\_\_\_)**  
**COVER PAGE**

*Please see CBA Article 18 for details*

**Applications due to academic unit chair/director by October 1**

<b>NAME:</b>	<b>DEPARTMENT:</b>	<b>Zip +</b>	<b>TERM REQUESTED</b>		
			<b>FULL YEAR</b>	<b>FALL ONLY</b>	<b>SPRING ONLY</b>
<b>RANK:</b>	<b>EMPLOYEE ID</b>		_____	_____	_____

**Checklist for Submission**

- Non-technical abstract (cannot exceed one (1) page)
- Statement of the proposed activities, including a summary of the plan of action and its significance (cannot exceed three (3) pages)
- Statement of any additional financial subsidy (i.e.: external funding) associated with the application (cannot exceed one (1) page)
- Statement of how the proposed activities relate to the applicant's current fields of expertise: are the proposed activities an extension of current activities, are they new, etc. (cannot exceed one (1) page)
- Statement of the expected results and the impact (cannot exceed two (2) pages)
- Statement on the feasibility of the proposed activities (cannot exceed one (1) page)
- Two (2) page Curriculum Vitae
- If applicable, information that demonstrates success from earlier PDL's

**ACADEMIC UNIT CHAIR/DIRECTOR RECOMMENDATION: \_\_\_\_ FOR \_\_\_\_ AGAINST\***

**DEAN RECOMMENDATION: \_\_\_\_ FOR \_\_\_\_ AGAINST\***

**PDL JOINT REVIEW COMMITTEE RECOMMENDATION: \_\_\_\_ FOR \_\_\_\_ AGAINST\***

**PROVOST RECOMMENDATION: \_\_\_\_ FOR \_\_\_\_ AGAINST\***

**\*rationale provided and attached**

SIGNATURE (FACULTY MEMBER)

DATE

SIGNATURE (DEPARTMENT CHAIR/SCHOOL DIRECTOR)

DATE