

**APPLICATION FOR FACULTY STUDY IN A SECOND DISCIPLINE**

Materials specified below are required; others may be provided at the discretion of the applicant. An original and eight (8) copies of the completed applications should be submitted to the Senior VPAA and Provost via, and with the approval of, the office of the appropriate Dean.

**THE APPLICANT**

Name of Applicant: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Present department or program: \_\_\_\_\_

Rank: \_\_\_\_\_ Years in rank: \_\_\_\_\_

Primary area(s) of specialization: \_\_\_\_\_

Please attach an abbreviated vita. (Please include your teaching assignments for the last three (3) years.)

**PROPOSED PROGRAM OF STUDY**

One Sentence Summary: \_\_\_\_\_  
\_\_\_\_\_

*(For Example: [Name of applicant], in the Department of \_\_\_\_\_,  
plans to study \_\_\_\_\_ with Drs. \_\_\_\_\_ and  
\_\_\_\_\_ in the department of \_\_\_\_\_).*

In an attached statement of not more than four typewritten pages, describe:

- the relationship between your present specialization and the proposed new area of study;
- what you propose to study and how you will conduct the study;
- any evidence that you have already acquired some knowledge of the proposed area of study which can be considered preparation for advanced study in the area;
- a brief time-line for accomplishing the study, including activities that will be conducted each semester;
- how the program of study will broaden and enrich your competence in teaching and research, both in your current field and in the interdisciplinary arena.

Department, discipline, or area of proposed study: \_\_\_\_\_  
\_\_\_\_\_

Faculty with whom proposed course work and study will be done: \_\_\_\_\_  
\_\_\_\_\_

Will office or laboratory space in the host unit be provided? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, the executive officer of the host unit should indicate in his/her letter of support and evaluation that space will be provided or special requirements accommodated.

Will the proposed study require formal registration in courses or other special arrangements? (For example, courses are normally audited.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the circumstances in your description of the proposed plan of study. Indicate previous formal course work of study in the area of proposed study and where and when this course work was undertaken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LETTERS OF SUPPORT**

- Include a brief letter of support and evaluation of this application from your home department or program executive officer, including comments on the value of the proposed study to the applicant and to the department.
- Include a letter of support and evaluation of this application from the host department or program executive officer. The letter should contain a list of the accommodations that the host department will make to this project.

**PLEASE OBTAIN THE SIGNATURES INDICATED BELOW**

NOTE: Signatures on this form constitute an endorsement of the proposal. Executive officers and deans or directors thereby indicate that they understand and concur with the arrangement whereby the applicant, if successful, will be given released time for the approved period of study and whereby the Senior VPAA and Provost will provide funds in the amount of \$20,000 to the home department or program. In the absence of other arrangements, successful applicants will retain office space in their home departments as well as other ordinary services and prerogatives. (The released time does not free the applicant from responsibility for continued supervision of theses or dissertations.)

SIGNATURES

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Home Unit Executive Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Host Unit Executive Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Questions regarding this program should be directed to:

Ms. Susan Landrum  
Office of the Senior Vice President for Academic Affairs and Provost  
Administration Building  
Phone: 542.0015

Revised 11/2004