



NAME: _____

DEPARTMENT(S): _____

TITLE: _____

TYPE OF LEAVE:

Leave of Absence With Pay

Leave of Absence With Partial Pay

Leave of Absence Without Pay

Goddard Fellowship (at Full Pay)

DURATION OF LEAVE:

Academic Year 2019-2020

Fall 2019

Calendar Year 2020

Spring 2020

PURPOSE OF LEAVE:

PLEASE GIVE A SHORT DESCRIPTION OF YOUR LEAVE PROJECT:

IF YOU HAVE APPLIED FOR SUPPLEMENTAL FINANCIAL AID TO AN OUTSIDE AGENCY, FOR THE PERIOD OF THE PROPOSED LEAVE, PLEASE STATE:

NAME OF AGENCY: _____

ADDRESS OF AGENCY: _____

AMOUNT OF SUPPLEMENTAL FINANCIAL AID SOUGHT: _____

DATE YOU EXPECT CONFIRMATION OF EXTERNAL FUNDING: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

CHAIR'S SIGNATURE: _____ DATE: _____