



Faculty Fellowship Leave Recommendation

Name: _____ Date: _____

Dept./School: _____ College: _____

Present Rank: _____ Campus Address: _____

Number of years since last Faculty Fellowship Leave: _____ **OR**

Number of years at Ohio University without a Faculty Fellowship Leave: _____

Period of Requested Leave: From _____ To _____
month/day/year month/day/year

Brief description of project: (two or three sentences)

I understand that I will be responsible for repaying any salary and benefits I receive if selected for a Faculty Fellowship Leave and I do not return to Ohio University after its completion.

Faculty Signature: _____ Date: _____

Recommended

NOT Recommended

Department/School Committee Chair Signature Signature Date

Department Chair/School Director Signature Signature Date

College Committee Chair Signature Signature Date

Dean Signature Signature Date

VP for Univ. Outreach & Reg. Campuses (if app.) Signature Signature Date

Dr. Kathy Krendl
Provost Signature Signature Date

Dr. Roderick J. McDavis
President Signature Signature Date