



**B. RECOMMENDATIONS**

1. Department Chairperson or Dean: Please comment here or attach a statement of what arrangements will be made for carrying on teaching and research duties of the applicant -- including replacement costs (if any) requested. Provide an evaluation of this application and its priority in relation to others in your department or school/college.

Comments: (Or attach separate sheet)

**DEPARTMENT CHAIRPERSON'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

2. College/School/Committee:

Comments: (Or attach separate sheet)

**COMMITTEE CHAIRPERSON'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

3. Dean(s): Please check all appropriate box(es) and forward **two copies of the application** and **one** copy of all supporting materials to the Vice Chancellor's office by the following deadlines:

**Fall Semester or Academic Year**-December 1 of previous year

**Spring Semester**-March 15 of previous year

- I recommend the approval of this leave with external funding, as requested above.
- I recommend the approval of this leave without external funding, as requested above.
- I recommend the approval of this leave with modifications (see the attached memorandum) and have informed the individual of the change(s) in terms under which I am recommending the leave.

**DEAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If Dual Appointment,

**DEAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**C. APPROVAL**

**VICE CHANCELLOR FOR ACADEMIC AFFAIRS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Rev: August 14, 2001