



Faculty Research/Development Assignment Request Form

It is hereby recommended that the following individual be granted a research/development assignment.
A separate form must be completed for each research/development leave applicant.

Faculty Member Information^{*}

Department/School

College/School

First Name

Middle Initial

Last Name

UIN

Phone Number

Email

Street Address

Apt Number

City

State

Zip Code

Leave

☐ Research Leave ☐ Development Leave

Years of continuous full-time service at ODU: _____

☐ Spring ☐ Fall 20____

Year Tenure Awarded: _____

Prior Leave Assignments:

☐ YES ☐ NO

If the answer is **YES**, indicate the date(s) of the prior assignment: _____

Plans for Filling Position During Absence

***MUST** submit the following documents with this form: **(a)** the Faculty member's detailed proposal and **(b)** the Faculty member's current CV.
See the [ODU Teaching and Research Faculty Handbook](#) for policies and procedures concerning faculty research and development assignments.



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Summary of Purpose, Plan, and Expected Results of Assignment

Chair's Justification for Recommendation

Recommended By

Department/School Chair or Director Signature:

Date



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Dean's Comments/Notes

Approvals

Dean's Signature

Date

Provost and Executive Vice President for Academic Affairs' Signature

Date