



COLLEGE OF ARTS & SCIENCES

Departmental Request for Research Leave

Name (Last, First) _____

Date _____

Department _____

Rank _____

Banner ID _____

Research Semester Leave is requested for:

_____ Semester

_____ Academic Year

I understand that, while the Research Semester reduces my teaching load to zero, I am still required to meet the research and service load standards of my department for the semester indicated. I agree to teach a normal load at UNM for a minimum of two semesters following the research leave.

Faculty Signature *(use fill and sign)*

Date

Attached are the following:

___ Candidate's Research Semester Plan

___ Candidate's current curriculum vitae

___ Department chair's memo to Senior Associate Dean outlining plan for covering affected courses during leave

Approved

Denied

(Chair Signature)

Date *(add if not digitally signed)*