

FACULTY DEVELOPMENT FELLOWSHIP

Application Cover Sheet

(Please Submit in Typed Form)

Check one: _____ Academic Year 2024-2025
_____ Fall Semester 2024
_____ Spring Semester 2025
_____ Academic Year 2024-2025 Unpaid
_____ Fall Semester 2024 Unpaid
_____ Spring Semester 2025 Unpaid

Applicant _____ NU ID # _____

Department _____ College _____

Year Hired at UNK _____ Year Tenured Awarded _____

Academic Rank _____ Current Salary _____

Office Phone _____ Department Phone _____

Projected Outside Financial Support _____

Title of Faculty Development Fellowship Project _____

Proposed arrangements, if any, for outside financial support _____

DESCRIPTION OF PROJECT OR ACADEMIC PLAN

(Attach project description/academic plan and current curriculum vitae to this form.)

A Faculty Development Fellowship should be a specific, well-focussed project to improve the disciplinary, scholarly, and teaching capability of the applicant.

DEPARTMENTAL AND PROFESSIONAL CONTEXT: What do I plan to do (where, with whom, qualifications of the proposed site and collaborators, current state of

related work, relationship of applicant qualifications and need to the proposed site, progress anticipated and timetable for completion, relation of the project to long-range professional objectives)?

ANTICIPATED SCHOLARLY PRODUCTS: What specific scholarly outcomes do I expect from the proposed fellowship?

BENEFITS OF THE LEAVE: How will the development envisioned improve my faculty contributions in the future at UNK?

I promise, if granted this fellowship to continue to serve this institution following the expiration of the fellowship for one year or repay the University for all pay received during the leave of absence, unless waived by the Board or its designee. I likewise agree to submit to the Chair of the Department, Dean of the College, and to the Senior Vice Chancellor for Academic Affairs a report, in writing, immediately upon my return to the University outlining work accomplished during the period of fellowship.

DATED this _____ day of _____, 20 ____.

Signature of Applicant

Signature of Department Chair

RECOMMENDED APPROVAL

Dean Date _____

Senior Vice Chancellor for Academic Affairs Date _____

Chancellor Date _____