



FACULTY RESEARCH/DEVELOPMENT ASSIGNMENT REQUEST FORM

It is hereby recommended that the following individual be granted a research or development assignment

Department/School: _____ College: _____

Last Name: _____ First: _____ MI: _____

University Id: _____ Phone Number: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Research Leave: Yes No Term: _____ Fall Spring

Development Leave: Yes No Term: _____ Fall Spring

Years of continuous full-time service at Old Dominion University: _____

Tenure Status: _____ Prior Leave Assignments Yes No
(If answer is yes, indicate date of prior assignment) _____

Plans for filling position during absence:

Purpose of assignment:

Justifying factors for recommendation:

Recommended by: _____
Department/School Chair Or Director DATE

Approvals: _____
Dean of College DATE

Approvals: _____
Provost DATE

- ATTACHMENTS TO INCLUDE:**
This form
Faculty member's request
Current vitae
Chair's recommendation for each individual separately
Dean's recommendation for each individual separately

*See Faculty Handbook on the web for policies and procedures concerning faculty research and development assignments.