## TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

## FACULTY DEVELOPMENT LEAVE FOR COMPENSATED TENURED FACULTY APPLICATION FORM

Instructions: Items 1 through 5 of this form should be completed by the applicant and forwarded through the administrative channels as indicated on this form.

TTUHSC R#:	
Position Title:	
Department/Division (if applica	ble):
School of:	
Number of academic years app	olicant has been employed at TTUHSC:
Have you served as a member of the "faculty" for at least five consecutive academic years in the Schools of Allied Hea	
Sciences, Nursing, Medicine or	r Pharmacy?
Will you be tuested:	
From:	То:

## 3. SCHOLARLY AND PROFESSIONAL ACTIVITIES

Attach a current Curriculum Vitae.

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PRO	DJECT INFORMATION			
a.	State the objectives of the development project and how the applicant and TT benefit from these activities.	UHSC will		
b.	Indicate the location of project, facilities to be used, and a schedule (when appropria	ate).		
C.	Identify Project personnel other than the applicant and describe their responsibilities	i <b>.</b>		
		2		
		2		

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6. CHAIRPERSON/ASSOCIATE DEAN APPROVALS