Faculty Development Leave 2026-2027 Submission Proposal
Complete and sign this form electronically and submit along with your application packet to your academic unit dean/director. Dean/Director must sign this form and provide a letter of support to complete the application packet.

	11 1		
N	Vame:		Rank:
E	Email Address:		University Ext: Cell Phone:
C	City and County Location(	(s) during FDL it	if approved:
P	Period for which leave and	compensation a	are requested:
	Fall 2026	Spring 2027	Fall 2026 & Spring 2027 (half pay and benefits)
I	1.1		oard approval (check one):
_	Yes	No	Not applicable
Ι	have applied for Animal Yes	Care and Use Co No	ommittee approval (check one):  Not applicable
N	My domestic FDL request	involves (1) a no	non-U.S. person or (2) a non-U.S. citizen within the United States:
	Yes	Unsure	No, but if this changes I will contact Export Control Office
N	My FDL request involves	transmitting/sha	aring information outside of the United States:
	Yes	Unsure	No, but if this changes I will contact ECO
N	My FDL request involves	using or sending	g TAMU-CC property or technology outside U.S.:
1,	Yes	Unsure	No, but if this changes I will contact ECO
<b>1</b>			,
ľ	My FDL request involves		
T	Yes		ges I will contact ECO
	Development Leave (check	-	ection 3.2 of university procedure <u>12.99.01.C1.01 Faculty</u>
L	•	<b>,</b>	N
_	Yes	No	Not applicable
tl	hat if awarded this leave,	I will be respons	onsecutive days in a country outside of the United States. I understance sible to pay the required costs for external legal review of that leaves on the country location(s).
_	Yes	No	Not applicable
c			••
fi le a	full semesters following le eport to the Provost, my content was given, activities and benefits, and future acontesentation about my leave	ave. Within 60 d ollege dean/scho and accomplish complishments l /e experiences du	ontinue service in my profession and at TAMU-CC for at least two days of the end of my leave period, I agree to submit a 2-3 page ool director, and department chair detailing the purpose for which the ments during the leave which fulfilled the stated purpose, impact likely to result from the leave. I also agree to conduct a faculty during the first long semester after my return. I understand A&M occedures, and regulations still apply during the leave period.
F	aculty Signature:		Date
С	Dean/Director signature:	_	Date
	CFE use only CFE Recommendation:	Ap	pproved Disapproved
	Committee Chair Signature:		_Date
	Provost Recommendation:		pproved Disapproved
	Provost Signature:		Date