

Date: \_\_\_\_\_

**Suffolk County Community College**

**FACULTY RETRAINING LEAVE APPLICATION**

Use this form if you are applying to be funded for faculty retraining in areas or disciplines where the college expects growth, as defined by the college brief from the Vice President for Academic and Student Affairs.

This form shall be submitted to the **Office of the Vice President for Academic and Student Affairs** no later than April 15. *Updated application should be submitted with required report.*

1. Name: \_\_\_\_\_

2. Current Discipline: \_\_\_\_\_

3. Degrees:	Degree	Field	Year Awarded
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

4. Proposed discipline/area: \_\_\_\_\_

5. Previous experience and education related to proposed discipline/area:



9. Proposed outline, by semesters, of the courses you plan to take, or the program you plan to follow. (Include a copy of the **current catalog** description of the program and courses, or other documents descriptive of your program. )

10. Anticipated cost per semester (tuition, books, fees) of your program/course of study.  
(Attach a copy of the **current** catalog statement of tuition and fees, or equivalent information for your program.)

11. Anticipated need for released time for each semester involved. Explain.

I have reviewed the contract language (Article V.D.5, (pp29-30) relating to Faculty Development and Retraining Leaves. All questions must be completed in order for your application to be considered. A written report and transcript will be required 8 weeks after completion of the course (s).

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Signature

Date

Rev. 11/09

Date: \_\_\_\_\_

**FACULTY DEVELOPMENT APPLICATION**  
**Suffolk County Community College**

*Use this form if you are applying for funding to be used for faculty development.*

Faculty development is considered to be, but not limited to, any course(s) or workshops that will enhance your professional performance. **This funding will not be approved for coursework intended to fulfill educational promotion requirements.**

This form shall be submitted to the **Office of the Vice President for Academic and Student Affairs** no later than April 15.

1. Name: \_\_\_\_\_

2. Current Discipline: \_\_\_\_\_

3. Degrees:	Degree	Field	Year Awarded
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

4. Proposed development area: \_\_\_\_\_

5. Previous experience and education related to proposed development area:

6. A Professional activity you plan to attend for faculty development: (attach a full description if necessary)

6. B Semester intended for faculty development:  
Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

7. A. List goals you hope to achieve in this proposed professional activity:

7. B. Explain how this professional activity will enhance your skills in your discipline or areas of responsibility.

8. Describe how completion of this professional activity will benefit the college.

9. Is there an anticipated cost for your professional development activity? Provide documentation.

10. Anticipated need for released time. Explain.

I have reviewed the contract language (Article V.D.5, (pp29-30) relating to Faculty Development and Retraining Leaves. All questions must be completed in order for your application to be considered. A written report will be required within 8 weeks of completing all course work.

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Signature

Date

**Rev. 12/10**