

Checklist for Applications for Fellowship Award

Include the checklist with your completed application.

Note:

- Applications are accepted only once per academic year in fall [Deadline * Dec. 1, 2025].
- While on leave, the faculty member is expected to devote his/her time and energy to the purpose for which the leave was granted. **As a general rule, employment within or outside of the University during leaves is prohibited**, unless such involvement is integral to the purpose for which the leave is granted, or there is a compelling justification and may be engaged in **only with prior approval of the President**. See section III.7 Attestation of Applicant on page 3 of the application and section 7. Academic Leaves and Multiple Positions on page 13 of the [Code of Practice Regarding Instructional Staff Academic Leaves](#) (attached to the RFP email).
- [Code of Practice Regarding Instructional Staff Academic Leaves](#) – Please read for complete details on eligibility, types, review and approval, reporting, calendar leave dates, terminating leave, and compensation.
- **Submit form to:** provost.eforms@lehman.cuny.edu with a copy to Edna.Norman@lehman.cuny.edu

Faculty Name

School: Choose an item. Department Choose an item.

- | | |
|---|---|
| 1. Confirmation of Eligibility from HR (Z. Rosa) attached? | Yes <input type="checkbox"/> or No <input type="checkbox"/> |
| 2. Did you include the checklist? | Yes <input type="checkbox"/> or No <input type="checkbox"/> |
| 3. Previous Fellowship or Scholar Incentive Leave? | Yes <input type="checkbox"/> or No <input type="checkbox"/> |
| a) If yes , did you attach a copy of your last Leave Report? | Yes <input type="checkbox"/> or No <input type="checkbox"/> |

4. Pay Rate, duration, and dates of proposed leave completed? Yes ☐ or No ☐

Semester[s] of the proposed leave:

Full-year at 80% of biweekly salary | **Fall Sem:** Choose an item. **Spring Sem:** Choose an item.

Half-year at 80% of biweekly salary. Semester Choose an item.

Half year at full pay Semester Choose an item.

a) If **non-consecutive semesters**, justification included? Yes ☐ or No ☐

5. Is Lehman's CV (Updated/Most Recent) attached? Yes ☐ or No ☐

6. Detailed description of the proposed scholarly activity and/or Research Plan attached? Yes ☐ or No ☐

7. Is leave at another Institution? Yes ☐ or No ☐

a) If **Yes**, Letter of Support attached? Yes ☐ or No ☐

8. Application Signatures & Approvals:

a) Faculty Member's Signature Yes ☐ or No ☐

b) Chair's Signature [**Use fillable signature page**] Yes ☐ or No ☐

c) P&B approval documented [**Use fillable page**] Yes ☐ or No ☐

d) Dean's Signature [**Use fillable page**] Yes ☐ or No ☐

Office of Academic Personnel Use Only

Date Received: Click or tap to enter a date.

Reviewed by:

Is the application Complete? Yes ☐ or No ☐

If no, follow-up and result (describe Click or tap here to enter text.

Confirmation of Completed Application Click or tap here to enter text.

Email to Applicant (Date)Click or tap to enter a date.