**Checklist for Applications for**

**Fellowship Award**

***Include checklist with the completed application.***

**Note:**

* Applications are accepted only once per academic year in fall [Deadline \* Dec. 1, 2024]**.**
	+ **Please submit a complete application, not individual pages**.
* 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](http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/hr/central-office-human-resources/policies-procedures/CodeofPractice_AcademicLeavesofAbsence_Final08062013_2.pdf) (attached to the RFP email).
* [Code of Practice Regarding Instructional Staff Academic Leaves](http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/hr/central-office-human-resources/policies-procedures/CodeofPractice_AcademicLeavesofAbsence_Final08062013_2.pdf) – 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 Click or tap here to enter text.

School: Choose an item. Department Choose an item.

1. Confirmation of Eligibility from HR (Z. Rosa) attached? Yes[ ]  or No[ ]

2. Previous Fellowship or Scholar Incentive Leave? Yes[ ]  or No[ ]

 a) If **Yes**, attach a copy of the last Leave Report attached? Yes[ ]  or No[ ]

3. 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 rate. Semester Choose an item.

 Half year at full pay Semester Choose an item.

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

4. Is Lehman’s CV (Updated/Most Recent) attached? Yes[ ]  or No[ ]

5. Detailed description of the proposed scholarly activity

 and/or Research Plan attached? ` Yes[ ]  or No[ ]

6. Is leave at another Institution? Yes[ ]  or No[ ]

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

7. 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.

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