

Colleges of Biological, Mathematical and Physical Sciences
1/20/2009
Application for Special Research Assignment

Name

TIU (Department or School)

1. Current academic title:

2. 9-month or 12-month appointment

3. Years at Ohio State (as a regular tenure track faculty member)

4. Quarters/years or semesters/years of previous

Faculty Professional Leaves:

Other Paid Leaves (SRA):

Unpaid Leaves of Absence:

5. Quarter/year requested for this SRA:

6. Discuss how your Ohio State responsibilities will be handled while you are on the SRA.

7. Location(s) where SRA activity will be carried out.

8. Title of proposed SRA.

9. Concise description of proposed SRA activity (approximately 50 words)

10. Attach a brief proposal (2 pages maximum) stating the purpose, nature and expected benefits of the SRA.

12. Attach a current copy of your curriculum vitae.

13. Attach any additional information that supports your proposed SRA, such as letters of invitation from other universities. Please restrict these to the most essential documents.

15. Attach letter from department chair or school director supporting your request.

I understand that Supplemental Compensation, or other compensation from university General Funds, is not permitted during a paid leave. I agree to provide a brief summary of the results of this SRA to my department chair or school director before the end of the quarter following the SRA, and will also forward a copy to the Dean.

Signature _____ Date