

FACULTY RENEWAL LEAVE
DEAN'S REVIEW FORM

Due in the Office of the Provost by October 30.
(This form may be reproduced electronically)

1. Do you support the application of _____ for a Faculty Renewal Leave during the _____ semester of the _____ school year?

Check one of the following:

_____ Do not support _____ Support _____ Strongly support

Please explain: (Use as much space as needed.) _____

2. Do you believe that the Faculty Renewal Leave, as described in the applicant's proposal, will be:

a. professionally beneficial to the applicant? (Circle one.)

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b. beneficial to future students of the applicant? (Circle one.)

no little moderate considerable great not
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c. beneficial to Abilene Christian University? (Circle one.)

no little moderate considerable great not
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Comments: (Use as much space as needed.) _____

3. Based upon your knowledge of the individual's work habits and the nature of the proposal, indicate below your estimate of the probability that the applicant will complete the proposed project/activities? Check one:

_____ Low probability _____ Moderate probability _____ High probability

Please explain: (Use as much space as needed.) _____

4. What do you anticipate to be the influences (positive or negative) upon your department if the applicant is granted the Faculty Renewal Leave? (Use as much space as needed.)

5. Please give a brief critical evaluation of the project proposed by the applicant (e.g., quality of the proposal, probability of producing significant outcomes, improvement of teaching skills, course enrichment, etc.). (Use as much space as needed.)

6. Please discuss the collegiate nature (team contributor) of the applicant (e.g., chapel attendance, keeping of office hours, committee work, teaching evaluations, etc.). (Use as much space as needed.)

7. Please provide any additional information that may be relevant.

8. On a separate document please rank order the applications received from your college.

Signed _____