

Suffolk Community College

FACULTY DEVELOPMENT AND RETRAINING LEAVES

This form shall be submitted to the Office of the Vice President for Management and Planning by March 1

1. Name: _____

2. Current Discipline: _____

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

4. Proposed discipline/retraining Area: _____

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

6. College/ University you plan to attend, or other means by which retraining will be accomplished.

7. Proposed degree and/ or program/ course of study:

8.a. Scope and goals of the proposed program/ course of study:

b. Relationship of this program/ course of study to your personal and professional goals:

9. Proposed outline, by semesters, of the courses you plan to take, or the program you plan to follow. (Attach a copy of the catalog description of the program and courses, or other documents descriptive of your program.)
10. Anticipated cost per semester (tuition, fees) of your program/course of study. (Attach a copy of the catalog statement of tuition and fees, or equivalent information for your program.)
11. Anticipated need for released time each semester:

I have reviewed the contract language (Article V.D.5, (pp 27-28) relating to Faculty Development and Retraining Leaves.

Signature

Date