

Educational and Professional Leave Application Cover Sheet

Name:

Rank:

School/Unit:

Discipline:

Period of leave: Fall 20__ Semester only Spring 20__ Semester only
 Fall 20__ and Spring 20__ Semesters

Date of Initial Appointment at GGC:

Rank at Initial Appointment: Instructor Assistant Professor
 Associate Professor Professor

Dates of Previous Leaves at GGC: _____

Supporting Signature:

School Dean/Unit Director _____ Date: _____