

INDIANA UNIVERSITY - BLOOMINGTON

APPLICATION FOR RESEARCH LEAVE SUPPLEMENT

Primary Deadline: June 1

Late Deadline for Spring: November 1

Office of the Vice Provost for Research

Franklin Hall 116

855-0890

Personal Data:

Name _____

Department _____ Salary account # _____

Rank _____ Date of Appointment at IU _____ Phone # _____

Are you eligible for a sabbatical leave? Yes _____ NO _____
(A Research Leave Supplement will not be awarded if the applicant is eligible for a sabbatical leave.)

Fellowship Data:

Fellowship Received _____

Period of Fellowship _____

Where will the research be conducted? _____

Describe the fellowship (if it is not on the representative list), including the application and selection procedures, the number of awardees compared to the number of applicants, and any other information that indicates the prestige of the fellowship.

Financial Arrangements:

Include with this application a copy of your fellowship award letter and budget. Also include documentation of any other expected income from the University or external sources. (If you are notified of other income later, you are obliged to report it.)

Expected compensation during leave:

Fellowship Stipend: \$ _____

Fringe Benefits: _____

Per diem or Cost of Living: _____

Deduct any amount contained above explicitly budgeted for travel or research: _____

Sub-total - fellowship: \$ _____

Other income - list source:

Sub-total - other income: _____

Total Leave Compensation: \$ _____

A supporting letter from the department chair should be sent to the Office of the Vice Provost for Research, Franklin Hall 116.

Please include any additional information which you feel would be useful in determining the eligibility your application.

I understand that I must return to Indiana University for at least one academic year following the research leave or refund Indiana University the full amount of the Research Leave Supplement.

Signature of Applicant _____ Date _____