

**CENTRALLY-FUNDED FACULTY ENHANCEMENT OPPORTUNITY**

**APPLICATION FORM FOR SPRING AND/OR SUMMER 2009**

**DUE NOVEMBER 21, 2008**

Name: \_\_\_\_\_

Rank: \_\_\_\_\_

Type of Appointment: \_\_\_\_\_

Years in Faculty Appointment at UF: \_\_\_\_\_

Department: \_\_\_\_\_

College or Unit: \_\_\_\_\_

**GOALS FOR FEO:**

(List 3 to 5 succinct goals)

**FEO PLAN/ACTIVITIES/SCHEDULES:**

(Describe in 1-2 pages; plan cannot exceed one calendar year.)

**FEO PLAN/ACTIVITIES/SCHEDULES: (Continued: page 2 of 2)**

**OUTCOMES OF FEO:**

(List specific outcomes; focus on own professional growth and development, and benefits to UF.)

**BUDGET: (PLEASE COMPLETE ATTACHED FORM.)**

**CHECK ONE:** I agree (  ) or I do not agree (  ) that my proposal (WITHOUT budget information), if successful, can be shared with others applying for FEOs.

**CENTRALLY-FUNDED FEO APPLICATION / BUDGET FORM**

**FUNDING REQUESTED:**

(1)	Salary Support (include benefit costs)	% FTE  _____	Time Period Start: _____ End: _____	Amount  _____
			<b>Describe</b>	<b>Amount</b>
(2)	Travel			_____
(3)	Fees			_____
(4)	Consultation			_____
(5)	Equipment			_____
(6)	Other			_____
				<b>TOTAL</b> _____

**OTHER SOURCES OF SUPPORT FOR THIS FEO:**

Source	Describe	Amount
College		_____
Department		_____
Grant		_____
Other		_____
		<b>TOTAL</b> _____

**CENTRALLY-FUNDED FEO APPROVAL FORM**

**1. CHAIR, DEPARTMENT OR COLLEGE SABBATICAL COMMITTEE OR EQUIVALENT:**

**TYPED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**2. DEPARTMENT CHAIR:**

**TYPED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**3. DEAN:**

**TYPED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_