QuanTM Skill Building Course Release Application

532 Kilgo Circle, Room 409
Atlanta, GA 30322
404-727-6380
IQTM@emory.edu

Please send a copy of this application, your CV, and any additional relevant information to IQTM@emory.edu.

Personal Information

Name: ____________________________________

Email: _________________________________

Phone: ________________________________

Department: ___________________________

Leave Request

Requested semester for leave: ________________________________

Requested class: ___________________________________________

Statement of Intent
(In the space below, briefly describe the purpose of the leave)

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**Agreement:** The applicant requests a course off to enhance their research or teaching. If the former, a participant must provide a completed research project using that new skill within one academic calendar year of the completion of the leave program. If the later, a participant must demonstrate how the new skill has been integrated into their teaching within the same time frame. If the relevant condition is not met, the participant will owe the course back to his/her department. Participants are expected to attend class, do all reading and homework, and take the exams.

Signatures:

_______________________________  ___________________________
Applicant’s Signature                Date

_______________________________  ___________________________
Department Chair*                  Date

_______________________________  ___________________________
Course Instructor                   Date

*Note that no replacement teaching costs will be provided with this leave unless subject to an extraordinary request. Such a request for replacement teaching funding must accompany this application.