

QUEENS COLLEGE  
FACULTY LEAVE APPLICATION  
REVISION/CHANGE TO ORIGINAL APPLICATION

Original Leave Submission Date: \_\_\_\_\_

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

Division: \_\_\_\_\_

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

Original Leave Dates: Semester I: \_\_\_\_\_ Semester II: \_\_\_\_\_

Revised Leave Dates: Semester I: \_\_\_\_\_ Semester II: \_\_\_\_\_

Justification for change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Chair Signature: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_

Provost's Signature: \_\_\_\_\_