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| **FA-logo-color-pantone1807-whiteonred-sm** | Faculty Association &  Guild of Administrative Officers  Retraining Application |  |

***Use this form to apply for faculty retraining.***

Use this form if applying to be funded for retraining in areas or disciplines where the college expects growth, as defined in the college brief from the Vice President for Academic Affairs for that academic year**.**

All questions must be completed for your application to be considered. Do not include links to external sources; incorporate all information into this form. This form must be submitted electronically to Michele Glavich in the Office of the Vice President for Academic Affairs ([glavicm@sunysuffolk.edu](mailto:glavicm@sunysuffolk.edu) • 631-451-4244) no later than April 15.

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|  |  | ä *click into cells to type* | | |
| **Date of Application** |  |  | | |
|  |  |  | | |
| **Union Affiliation** |  |  | **Faculty Association** | |
|  |  |  | **Guild** | |
|  |  |  | | |
|  |  |  | | *type year(s) below* |
| **Desired Semesters of Retraining** |  |  | **Summer** |  |
|  |  |  | **Fall** |  |
|  |  |  | **Spring** |  |
|  |  |  | | |
| **Name** |  |  | | |
|  |  |  | | |
| **Discipline or Area** |  |  | | |
|  |  |  | | |
| **Degrees** |  |  | | |
|  |  | *degree, field, year awarded* | | |
|  |  |  | | |
|  |  |  | | |
|  |  | *degree, field, year awarded* | | |
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|  |  | *degree, field, year awarded* | | |
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| **Proposed Retraining Activity** |  |  | | |
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| 1. **Describe your previous experience and education related to the proposed discipline or area.** | | | | |
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| 1. **Identify the college or university you plan to attend or other means by which retraining will be accomplished.** | | | | |
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| 1. **Provide a written description of the scope and goals of the proposed program and how they relate to your professional and personal goals.** | | | | |
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| 1. **Describe the proposed degree and/or program or course of study.** | | | | |
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| 1. **Provide an outline, by semesters, of the courses or program you plan to complete. Include below a copy of the current catalog description of the program or courses or other documents descriptive of your program.** | | | | |
|  | | | | |
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| 1. **Explain the anticipated cost per semester (tuition, books, fees) of your program or course of study. Include a copy of the current catalog statement of tuition and fees or equivalent information for your program.** | | | | |
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| 1. **Explain any anticipated need for reassigned time for each semester involved.** | | | | |
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| I have reviewed the contract language, Article V.D.5, relating to Faculty Development and Retraining Leaves and I understand that a written report and transcript will be required within eight weeks of completing the course(s) or program that includes an updated application. | | |
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| *signature* | | *date* |