



LEHMAN
COLLEGE

Fellowship Leave / Scholar Incentive Report

Name: _____

Academic Rank: Choose an item

Program/Department/School: Choose an item.

Fellowship leaves / Scholar Incentive Dates: Choose an item.

Date of this Report: Enter the date here.

Type of Leave: Choose an item.

1. Provide a summary of your original Fellowship/Scholar Incentive Award plans and goals.

2. Describe your activities, outcomes, and achievements, and provide links or references to publications, creative works (etc.) published, exhibited (etc.) during, or as a result of, the Fellowship Leave / Scholar Incentive Award.

3. Describe and explain changes to your original plans and goals (if any). Assess the value or significance of these changes (if any).

4. Describe how your Fellowship Leave / Scholar Incentive Award contributes to your personal/professional development and how it provides a benefit to the Department/School/College in terms of

- a. teaching and/or curriculum development,
- b. research/scholarship/creative activity, and/or
- c. service to your discipline, Lehman College, and/or the public

[Click or tap here to enter text.](#)

Review by Chair

Department Chair, enter comments here.

Name: Type name here

Date of Review: Enter the date here.

Review by Dean

School Dean, enter comments here.

Name: Click or tap here to enter text.

Date of Review: Enter the date here.

Received by Provost

Provost, enter comments here.

Name: Click or tap here to enter text.

Date of Review: Enter the date here