John Lantz Senior Fellowship for Research or Advanced Study

Description
John Lantz Senior Fellowships for Research or Advanced Study provide funds to extend regularly-scheduled sabbatical leaves to a full academic year at full pay. Recipients whose research or study interests require extensive travel or other unusual costs may elect to receive funds up to $15,000 in lieu of the leave extension.

These fellowships have been provided from an endowment established by an anonymous donor, who recognized the central role played by the faculty in developing the excellence of the university. The donor was especially desirous of supporting faculty research or advanced study in a way that would strengthen the kind of teaching that produces men and women of genuine understanding.

The fellowships are to be used by senior faculty to continue developing their abilities as teachers through further research or study. Applicants, therefore, should have demonstrated unusual skill and enthusiasm as teachers, should show that the proposed projects will strengthen their specific abilities and should indicate clearly the project's long-term impact on their respective departments and the university.

The review of all applications and the selection of award recipients will be accomplished by a committee consisting of the academic deans and chairs from four departments not represented among the applicants. Because this committee will include persons from diverse disciplines, non-technical language should be employed by applicants in describing the project and by referees in assessing the project's significance to the discipline and to the university's educational program.

Eligibility
To be considered for a John Lantz Senior Fellowship, you must be tenured (or in the tenure evaluation year), eligible for a sabbatical leave during the next academic year, and recognized for outstanding teaching, professional growth and service to the university. Faculty who received a Pre-tenure Sabbatical Fellowship within the previous six years are not eligible for a Lantz Fellowship. Faculty who previously received a John Lantz Sabbatical Fellowship are eligible to apply for another and the inherent quality of the application is the primary determining consideration in the selection process. However, among competing applications of equal quality, preference is given to faculty who have not previously received a John Lantz Sabbatical Fellowship. Faculty who have previously received two Lantz Fellowships are unlikely to be funded for a third award in direct succession to the prior funded leaves.

Please see policy statement and documentation required for university support of travel outside the United States.

Application
A completed application for a John Lantz Senior Fellowship shall include:

1. A completed and signed Leave Application form, attached below.

2. A one-paragraph summary of the project. The summary of your proposal may be used in publicizing the awards.

3. A written statement. Describe your plan for using the fellowship which includes a clear explication of the direct relationship of the project to your
teaching and service in the department and the university. An explanation of the need for a full year in which to work on your project is required. If you plan to be at another university or research institution as a part of the sabbatical, a letter of agreement regarding the assignment must be included.

4. A written statement of professional goals. Describe how the fellowship will further your professional goals for the next three to five years and the contribution the fellowship will make to your teaching, professional growth and university service. Strong university service is an expectation of persons with five or more years at the university.

5. Evidence of teaching excellence.

6. A budget. If funds are requested in lieu of a leave extension, prepare an itemized budget with explanatory notes. Use the Lantz Enhancement and Martin Nelson Award budget form attached below.

7. If you have received a Lantz Fellowship previously, please include a brief description of what was accomplished with the support of that award.

8. Foreign Travel Waiver documentation, if applicable.

9. For research that involves the use of human participants or animals, please be aware that appropriate approval must be obtained before beginning research. Please consult IRB or IACUC approval processes information available on the university’s website for details.

10. A chair evaluation and recommendation. Please ask your department chair to submit a letter evaluating the project and indicating how the requested fellowship fits into the goals of the department or school. This material is to be sent directly to Associate Dean Sunil Kukreja, Jones 212.

11. Letters from two or three colleagues. Please have two or three colleagues comment on your accomplishments as a teacher and scholar, on your service to and impact upon the university, and on the strength of your proposed project. These letters are to be sent directly to Associate Dean Sunil Kukreja, Jones 212.

12. Limit the length of your application, including written statement and supporting documents (excluding the chair's recommendation, colleagues' letters, Foreign Travel Waiver forms, and IRB documentation), to five pages.

Materials other than those specified are not desired.

**Deadline:**
The completed application must be submitted to the associate dean no later than October 12 of the year preceding the academic year in which you propose to use the fellowship. Fellowship recipients will be announced on or before December 8.

**Reporting:**
Upon completion of your sabbatical and fellowship year, due no later than August 31 of the year during which your leave was taken, please submit a written report that outlines in detail what you accomplished during the year in terms of achieving the goals and objectives you outlined in the original application and that provides a general accounting of expenditures, if any funds were a part of the award. The report should be submitted to the department chair to provide the chair an opportunity to view the report before forwarding it. The chair will
forward the report to the associate dean, who will then deliver it to the dean of the university.

**Special Conditions:** If you receive a John Lantz Senior Fellowship for Research or Advanced Study, you agree to return to the university for a period of at least one year following the conclusion of the fellowship, or to repay the university for all funds received during the period of the fellowship. Compensation received from another institution is subject to the same rules under sabbatical leaves.
LEAVE APPLICATION

This form is to be used for all leaves including Sabbaticals, Lantz Fellowships, Pre-tenure Sabbaticals, Grant Assisted Leaves, and Unpaid Leaves

Due October 12, 2016, for the 2017-2018 academic year. Please submit one copy to Associate Dean Sanil Kukreja, Jones 212, CMB 1020

Name: __________________________ Present Rank: _______________________

Date of first appointment at Puget Sound: _______________ Phone/CMB: ___________________

Type of Leave Requested: Pre-tenure Sabbatical _____ Sabbatical _____ Grant Assisted Leave _____ Unpaid Leave _____

Previous leaves with dates: _______________ or [ ] No previous leaves

Term(s) of leave: Fall _____ Spring ____ Term if applying for Lantz Fellowship: Fall _____ Spring ______

Salary status while on leave (check one): Salary status while on leave with Lantz Fellowship (check one)
[ ] Without salary and benefits [ ] Full salary for one semester with benefits
[ ] Without salary but continue benefits as applicable and additional [ ] Half salary for full year with benefits as applicable
[ ] Full salary for one semester with benefits funds in lieu of leave extension (see Lantz application guidelines for details)

Please list the sources of earned income expected or other support being sought during the leave. Attach explanations of outside support anticipated for which applications have been made.

(1) ____________________________ (2) ____________________________

A. Title of Leave Project:

B. Please provide a full description of your leave plans following the application outline provided in the University Resources for Faculty Professional Development document.

C. Foreign Travel: Does your research involve travel outside of the United States? If yes, please list the names of all countries where you plan to travel:

• If yes, please also sign a Waiver, Release, and Indemnification Agreement for Faculty Foreign Travel form located on the Faculty Resources for Professional Development webpage and include a copy with your application materials.

• Are any of the above-named countries currently on either the Department of State’s travel warning list, or on the Centers for Disease Control’s travel health warning list? If yes, please include a signed Special Waiver and Acknowledgement for Faculty Foreign Travel form.

D. For research that involves the use of human participants or animals, please be aware that appropriate approval must be obtained before beginning research. Please consult IRB and/or IACUC webpages on the university’s website for approval processes information.

At the conclusion of the leave, I agree to file with the chair a written report outlining the accomplishments of the leave which will then be forwarded to the dean of the university. I agree to return to the university for one full year following the leave or to return all funds including salary and benefits paid by the university in connection with the leave. I also agree to obtain IRB or IACUC approval before beginning research involving human participants or animals.

Signature ________________________ Date ________________________
LEAVE APPLICATION
Submitted to the Dean of the University

Replacement recommendation to be completed by the Department Chair or Director

I recommend: [ ] Approval [ ] Disapproval

Replacements will be required for the following courses:

Year __________ Fall Courses: ____________ Replace: [ ] Yes [ ] No

[   ]

Year __________ Spring Courses: ____________

[   ]

Reasons for curriculum recommendations:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

In an attached memo, please assess the value for teaching and professional development of the proposed activity to the faculty member, the department, and the university.

Department chair signature ______________________________ Date ____________

October 2016