**BROOKDALE COMMUNITY COLLEGE**

**PROFESSIONAL STAFF ASSOCIATION**

**EDUCATIONAL LEAVE APPLICATION**

**NAME:** Type Name

**INSTITUTE/DIVISION:** Type Institute/Division **DEPARTMENT:** Type Department

**DATE OF EMPLOYMENT:**  Type Date

**INTENDED DATES FOR LEAVE:**  Type Date

**DATE OF LAST LEAVE:**  Type Date

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

**PLEASE ATTACH A LETTER STATING WHY YOU SHOULD BE CONSIDERED, INCLUDING ANSWERS TO THE FOLLOWING QUESTIONS:**

1. What is the course of study you intend to pursue? At what institution? How would this benefit you?
2. What benefit would the employee and the College gain from your proposed education? Please explain.
3. What would be the time schedule for the proposed course of study? What type of educational goal, skills and/or degree will you have at the completion of the leave?
4. Please outline your education and experience.
5. Could you complete your proposal without an educational leave? If yes, under what circumstances? If no, why?
6. Are there additional expenses required for this educational leave *(i.e. tuition reimbursement, professional development funds, etc.)*?

*vpaa: 7/2021*