FACULTY ENHANCEMENT OPPORTUNITY (FEO) APPLICATION

DUE TO FEO CENTRAL TASK FORCE MARCH 1, 2010

FEO Activity Date: Start (mo/yr)	End (mo/yr)	
Anticipated Award Date:		
GRAND TOTAL FOR FEO:		
Any Other Funds to be Applied, <u>if applicable</u> :		
Total College/Department Funds to be Provided: _		-
Total Central FEO Funds Requested:		
Department:		_
College:		-
Date Tenure Awarded, if applicable, (month/year)	:	
Date of Appointment to UF Faculty (month/year):		_
clinical track	ctother ()
Type of Appointment (check):tenured	tenure-track	
Email address:		
UF ID:		_
Name (last, first):		-

<u>ABSTRACT:</u> (Provide <u>one</u> paragraph describing your proposed FEO project in a way that can be understood by colleagues <u>outside your discipline</u>, alumni, and educated members of the general public.

Please submit a 2-4 page curriculum	vitae / resume	with your	application.	(Please d	lo not
submit a longer CV.)					

GOALS FOR FEO:

(List 3 to 5 succinct goals)

FEO PLAN/ACTIVITIES/SCHEDULES:

(Describe in the space allotted on pp. 2-3 of this form; plan cannot exceed one calendar year for out of unit faculty; or 15 weeks for in-unit faculty.)

FEO PLAN/ACTIVITIES/SCHEDULES: (Continued: page 2 of 2)

OUTCOMES OF FEO: (Remember that you will be asked to submit a report of your accomplishments at the conclusion of the FEO. Please prepare this section with that report in mind.)

A. List specific outcomes of this FEO related to your own professional growth and development.

B. List specific benefits of this FEO to your department, college and/or the university overall.

CHECK ONE: I agree () or I do not agree () that my proposal (WITHOUT budget information), if successful, can be shared with others applying for FEOs.