

FACULTY ENHANCEMENT OPPORTUNITY (FEO) APPLICATION

DUE TO FEO CENTRAL TASK FORCE MARCH 1, 2010

Name (last, first): _____

UF ID: _____

Email address: _____

Type of Appointment (check): tenured tenure-track
 clinical track other (_____)

Date of Appointment to UF Faculty (month/year): _____

Date Tenure Awarded, if applicable, (month/year): _____

College: _____

Department: _____

Total Central FEO Funds Requested: _____

Total College/Department Funds to be Provided: _____

Any Other Funds to be Applied, if applicable: _____

GRAND TOTAL FOR FEO: _____

Anticipated Award Date: _____

FEO Activity Date: Start (mo/yr) _____ **End (mo/yr)** _____

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

Please submit a 2-4 page *curriculum vitae* / resume with your application. (Please do 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.