

Fellowship Leave / Scholar Incentive Report (NOTE: Text can be expanded or attach additional pages as needed)

Name:
Academic Rank:
Program/Department/School:
Fellowship Leave / Scholar Incentive Dates:
Date of this Report:
Provide a summary of your original plans and goals.
Describe your activities, outcomes and achievements, and links or references to publications or other works during or resulting from the Fellowship Leave / Scholar Incentive.

Describe and explain changes to your original plan. Assess the value or significance of these changes, if any.
Describe how your Fellowship Leave / Scholar Incentive contributed 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 (c) Service to your Discipline, City College and/or the public.
Scholar Incentive Awardees ONLY: Provide a list of agencies and institutions from which you received financial support to pursue your Scholar Incentive.
Faculty Signature: Date:
Name: Date of Review:

Review by Dean			
Name:	Date of Review:		
	Received by HR		
Name:	Date of Receipt:		