



INSTITUTE FOR CREATIVITY, ARTS, AND TECHNOLOGY  
Research Leave Augmentation Cover Sheet for FY 19-20

**Title of Proposal:** \_\_\_\_\_

**Names of Lead Investigators (please type/print and sign):**

Name (Contact PI)	Department	Email	Date

**Department Head/Chair or Center Director Approval:**

By signing, I confirm that I support the faculty member's application and any associated requirements for my department or center:

Name	Department	Email	Date

**Please indicate the semester you are applying for:**

Fall 2019

Spring 2020