

Sabbatical Application
Cover Sheet

Name:

Department / Program:

Academic Year(s) and Semester(s) for Proposed Sabbatical:

Academic Year(s) and Semester(s) of most recent two Sabbaticals, if applicable:

Academic Year and Semester of Initial Full-time Faculty Appointment:

Endorsement of Department / Program Chair:

I have read the accompanying proposal and support this application for a sabbatical leave.
Comments on quality of proposal and staffing implications (attach additional sheets as appropriate):

Signature of Departmental Chairperson

Date

Endorsement of School Dean:

I have read the accompanying proposal and support this application for a sabbatical leave.
Comments on quality of proposal and staffing implications (attach additional sheets as appropriate):

Signature of School Dean

Date

Signature of Applicant

Date