

ROWAN UNIVERSITY  
**SABBATICAL LEAVE APPLICATION**

Semester(s): \_\_\_\_\_

**NAME:** \_\_\_\_\_  
*Last First MI*

Requested duration of Sabbatical:

\_\_\_\_\_ First Semester: September 2006 thru December 2006

\_\_\_\_\_ Second Semester: January 2007 thru June 2007

\_\_\_\_\_ Full Year: September 2006 thru June 2007

\_\_\_\_\_ Chronological Year: January 2007 – December 2007

**Department:** \_\_\_\_\_

Date: \_\_\_\_\_ Appointment to New Jersey State College/University

Hiatus in service at New Jersey State College/University:

\_\_\_\_\_  
\_\_\_\_\_

Sabbatical Leave at any New Jersey State College/University: ( ) No ( ) Yes

If YES, record the date(s) of Sabbatical Leave:

\_\_\_\_\_  
\_\_\_\_\_

Provide the following information regarding your Sabbatical Leave:

- **Abstract:** Not more than 100 words as requested under *III.c of Obligations of the Candidate*. Attach to this form, clearly labeled.
- **Purpose:** Provide details as explained in II.a & II.b of Guideline Interpretations.
- **Supportive Data:** Requested under II.c of Guideline Interpretations.
- **Current Curriculum Vitae** (New Requirement)
- **Notification letter to Dean and Department Chair:** Dated copy of memo of intent to apply for Sabbatical Leave (New Requirement)

**Submit Original & 10 Copies**

