

**PAUL SMITH'S COLLEGE
APPLICATION FOR SABBATICAL LEAVE**

Date: _____

Name of Applicant: _____

Continuous service on Faculty from: _____

Period of leave requested: From: _____ To: _____

Planned use of leave: Briefly describe the anticipated sabbatical activity and its promise to enhance your teaching and scholarly interests. Include degree for which work is to be done, field of work, and institution, if relevant to application. (Use additional sheets if necessary.) Please attach a detailed proposal.

Other sources and amounts of income anticipated for sabbatical period (grants, awards, scholarships, fees, earnings, etc.)

(Signature of Applicant)

Recommended by: _____ Date: _____
Dean/Department Director

Recommended by: _____ Date: _____
Faculty Research and Development Cmte.

Approved by: _____ Date: _____
Provost and Dean of Faculty

Approved by: _____ Date: _____
President

Final Report Due on _____ Submitted on: _____
(Date) (Date)