

Application for Sabbatical Leave – College of Arts and Sciences Due September 12, 2016, Academic Affairs Office

Please review the guidelines for sabbaticals as stated in the Faculty Handbook, §4.2.5.

Name:	Department:	
Requested Period of Sabbatical (c	heck one box):	
Full Year (at 3/4 pay):	One Semester (at full pay)	Split (at 3/4 pay):
AY 2017-2018	Fall 2017	1st Half
	Spring 2018	Fall 2017 Spring 2018
		2nd Half
		Fall 2017
		Spring 2018
Date of last sabbatical:	Attach Précis from la	st sabbatical to this application.
Title of Proposed Project:		
Use this space to provide a brief p	proposal abstract. Attach a more detailed p	roposal to your application.
	ral leave obligates me to return to my faculty p	a detailed report of the results of the supported activity. I als cosition for at least one full year. I agree to meet these and a
Applicant's Signature:		
Chair/Program Director's Signatu		Date:
Chan, i rogram Birector s signatu	re:	
[In signing, the Department Chair/Program other responsibilities of this faculty members of the control of the	n Director indicates that he or she has reviewed the p ber during the period of the proposed sabbatical. A c	
[In signing, the Department Chair/Program other responsibilities of this faculty meml replacement plan is received by the Dean, application.]	n Director indicates that he or she has reviewed the potential ber during the period of the proposed sabbatical. A continuous the application will be returned to the applicant for	Date: roposal and has developed a plan to cover teaching, advising, and ropy of this plan is to be sent to the Dean under separate cover. If no discussion with the Chair/Program Director before resubmitting
[In signing, the Department Chair/Program other responsibilities of this faculty member replacement plan is received by the Dean, application.] To complete your application *This completed *Current CV*	n Director indicates that he or she has reviewed the p ber during the period of the proposed sabbatical. A c	Date:
[In signing, the Department Chair/Program other responsibilities of this faculty member replacement plan is received by the Dean, application.] To complete your application. *This completed *Current CV	n Director indicates that he or she has reviewed the per during the period of the proposed sabbatical. A content the application will be returned to the applicant for application please return the following to Chapter (please use this as the title page of you	Date:
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[In signing, the Department Chair/Program other responsibilities of this faculty member replacement plan is received by the Dean, application.] To complete your appleted *This completed *Current CV *Detailed propos *Précis from last Dean's Signature: Chair, Faculty Review Committee	n Director indicates that he or she has reviewed the per during the period of the proposed sabbatical. A control that the application will be returned to the applicant for application please return the following to Chapter (please use this as the title page of you sal for this sabbatical that the sabbatical application please return the following to Chapter (please use this as the title page of you sal for this sabbatical application for official use only the sabbatical application indicates that he are reviewed the proposed sabbatical application will be returned to the applicant for the applicant	Date: roposal and has developed a plan to cover teaching, advising, and opy of this plan is to be sent to the Dean under separate cover. If no discussion with the Chair/Program Director before resubmitting Date: Date: Date: