



MOUNT ROYAL COLLEGE

**Faculty Leave Committee
Professional Leave/Sabbatical: *Peer Evaluation Form***

Name of Applicant:	
Applicant's Department/Area:	
Faculty/School/Centre Library/Campus Life [applicant]:	
Name of Peer:	
Peer's Department/Area:	
Faculty/School/Centre Library/Campus Life [peer]:	

1. Please evaluate the purpose and objectives of the applicant's proposed professional leave/sabbatical.
2. Please evaluate the program of study proposed for the professional leave or detailed activities proposed for a sabbatical.
3. Please evaluate the potential benefits of the applicant's proposed professional leave/sabbatical.
4. Please provide other evaluative comments regarding the applicant's proposed professional leave/sabbatical.

Evaluator Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Evaluator: Please provide a copy of completed and signed Form 204 to applicant.