



### Application for Sabbatical Leave

Name of Applicant: \_\_\_\_\_ Department: \_\_\_\_\_

School: \_\_\_\_\_ Date of Initial Appointment: \_\_\_\_\_

Date(s) of Last Sabbatical Leave (if applicable): \_\_\_\_\_

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Select the time period for which you are applying for sabbatical leave:

Fall ☐

Winter ☐

Spring ☐

Academic Year (20##-20##): \_\_\_\_\_

Please share any plans you may wish to pursue during your sabbatical (e.g., scholarly interests, pedagogical research, and/or professional development), if approved:

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Approvals:

Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair/Director/Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

School Dean: \_\_\_\_\_ Date: \_\_\_\_\_