

Faculty Sabbatical Leave Proposal

Faculty Member's Name _____

Department _____

Beginning date of sabbatical leave _____

Ending date of sabbatical leave _____

Chair's statement on the importance of the sabbatical work to the faculty member and the missions of the department, college, university, and society:

Department chair's signature _____

Chair Routing: Send this form, the Provost's Sabbatical Leave Application, and the faculty member's 2-5 pp description of the program to Dr. Sandra Bastin, attached to email.

_ Internal use:

- leave request entered in the FDB _____
- paper copy placed in pending file _____
- paper copy mailed to Provost's Office _____
- chair notified when proposal approved by the Provost _____
- approval and forms filed in faculty member's SPF _____