APPLICATION FOR SABBATIC LEAVE FOR FACULTY

Refer to Sabbatic Leave Procedures in the Faculty Handbook for instructions concerning completion and processing of this Sabbatic Leave Application and the attached Review forms. This application must be submitted by September 28th.

Names of Applicant_________________________________________ Date________________200__

Academic or Administrative Rank__________________________ Department______________________

Duration of Leave requested (half year at full pay or full year at half pay)

______________________________________________________________________________________

Inclusive Dates: From___________________200___ To_________________200__

Length of Service in CSU_______________________________________________________________

Previous Sabbatic Leaves and Date__________________________________________________________

______________________________________________________________________________________

Applicant should realize that this form is the main document used by the Academic Leave Committee. Application should be prepared in detail and with care and include the following:

1. Nature of the project.
2. Specific goals to be accomplished.
3. Evidence of specific knowledge and skills necessary to achieve stated goals (including curriculum vitae, if relevant).
4. Facilities necessary to achieve stated goals.
5. Professional contact for the project.
6. Appropriate itinerary if travel is an integral part of the project.
7. Potential benefit of this project to the University.

Other material may be included if applicant so desires. Attach additional pages and material to this application.

Senate approval: Nov. 16, 1988

Senate Approval: Apr. 26, 1991 (R91-4-8)
Admin. Approval: May 15, 1991