

SABBATICAL LEAVE APPROVAL FORM

DATE

NAME OF APPLICANT: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DOES APPLICANT HAVE TENURE? \_\_\_\_\_

BRIEF EVALUATION OF APPLICATION BY DEPARTMENT HEAD/CHAIR:

SIGNATURE OF DEPARTMENT HEAD/CHAIR: \_\_\_\_\_

BRIEF EVALUATION OF APPLICATION BY DEAN:

SIGNATURE OF THE DEAN: \_\_\_\_\_

Provide three copies of this form: one for the Department Head, one for the Dean, and one for the Provost