



**MARQUETTE
UNIVERSITY**

Request for Change in Sabbatical Status Form

Name: _____

Department: _____

Date of Request: _____

Date of Original Sabbatical Class _____

Date of Last Sabbatical _____

Administrator

Faculty

Check applicable request:

1. ___ Sabbatical Postponement* New Sabbatical Date _____

2. ___ Sabbatical Advancement* New Sabbatical Date _____

*Only one advancement or delay is allowed per sabbatical.

Justification for change in status:

APPROVALS

Department Chair

Department Name

Date

Dean/Director

College/School/Program Name

Date

Office of the Provost:

Action Item for Department: _____

Date