

Sabbatical Class Enrollment Form

PLEASE PRINT:

NAME

DEPARTMENT

COLLEGE/SCHOOL/PROGRAM

SABBATICAL CLASS YEAR SELECTED

faculty signature

date

After you have filled in all of the information requested above and have signed and dated this form, please route it appropriately.

ENDORSEMENTS

1. Department Chair

signature

date

2. Dean or Director

signature

date

DISTRIBUTION BY DEAN'S OR DIRECTOR'S OFFICE

_____ Original to Faculty Member
_____ Copy to Dean/Director
_____ Copy to Chairperson
_____ Copy to Office of the Provost