Request for Change in Sabbatical Status Form

Name: ________________________________
Department: ____________________________
Date of Request: _______________________
Date of Original Sabbatical Class ____________
Date of Last Sabbatical ________________

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

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<tr>
<th>Department Chair</th>
<th>Department Name</th>
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<tr>
<th>Dean/Director</th>
<th>College/School/Program Name</th>
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Office of the Provost:

Action Item for Department: ________________________________ Date