Sabbatical Plan / Report Approval Form

Faculty Member’s Name: ____________________________________________

This pertains to the faculty member’s: Sabbatical Plan □ Sabbatical Report □

If Plan, indicate the proposed sabbatical term(s) _________

If Report, indicate the sabbatical term(s) taken _________

Chair (as applicable) Signature ____________________________ Date ________

☐ Approved ☐ Not Approved

Comments ____________________________________________________________

____________________________________________________________________

Dean (or designee) Signature ____________________________ Date ________

☐ Approved ☐ Not Approved

Comments ____________________________________________________________

____________________________________________________________________

Sabbatical Review Committee (chair) Signature ____________________________ Date ________

☐ Approved ☐ Not Approved

Comments ____________________________________________________________

____________________________________________________________________

Provost (or designee) Signature ____________________________ Date ________

☐ Approved ☐ Not Approved

Comments ____________________________________________________________

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