



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 _____