



MARQUETTE
UNIVERSITY

Sabbatical Class Enrollment Form

Name: _____

Department: _____

College/School/Program: _____

Sabbatical Class Year Selected: _____

Faculty Signature

Date

After completing the information requested above, please sign and date this form and route it appropriately.

Department Chair _____
Signature

Date

Dean or Director _____
Signature

Date

Distribution by Dean's or Director's Office

- _____ Original to Faculty Member
- _____ Copy to Dean/Director
- _____ Copy to Department Chair
- _____ Copy to Office of the Provost: jobey.clarke@marquette.edu