

Appendix B: Sabbatical Leave Form
SOUTHERN CONNECTICUT STATE UNIVERSITY
APPLICATION FOR SABBATICAL LEAVE

Name: _____

Date: _____

Academic Rank: _____

Date Tenure Granted: _____

Department: _____

Dates of leave requested: From _____ To _____

Number of years of full-time service since last Sabbatical Leave or number of years of full-time service as a faculty member at SCSU, whichever is less: _____

Date of previous sabbatical(s), if applicable: _____

Please attach the Sabbatical Leave Follow-Up Report(s).

TITLE OF PROPOSAL: _____

ABSTRACT (100 words or less) of proposal:

Signature of Applicant

Date

(Indicates that all required elements of the application have been included in the submitted document.)