

**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 or Number of Years of Full-Time service as a faculty member at SCSU, whichever is less: \_\_\_\_\_

Date of previous sabbatical, if applicable: \_\_\_\_\_

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

**TITLE OF PROPOSAL:** \_\_\_\_\_

**ABSTRACT** (100 words or less) of proposal:

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**Signature of Department Sabbatical Committee Chairperson**  
(See IV.B.2.e)

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**Date**

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**Signature of Department Chairperson**  
(See IV.B.3.e)

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**Date**

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**Signature of Dean**  
(See IV.B.3.c)

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**Date**

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**Signature of Applicant**  
(Indicates applicant's receipt of evaluation letters from DSC and department chair)

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**Date**