

**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:

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

Date

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

Date

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

Date

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

Date