**Faculty member**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty member was awarded tenure in (year)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of the proposed sabbatical**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sabbatical history**: □ Previous sabbatical(s) date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

□ Candidate has not taken a sabbatical as a CWRU faculty

member

**Attachments**:

□ Dean’s recommendation\*. The dean or department chair is responsible for informing

the faculty member of the conditions of supported sabbaticals, including the

obligation to return to faculty service.

**Refer to the Faculty Handbook – II. Leaves of Absence, A. Sabbatical Leaves,**

**sections 1 through 9**, for description of and requirements for sabbatical leaves.

□ Recommendation from the appropriate faculty body

□ Department chair’s recommendation, which must address salary support and

provisions for teaching coverage, if applicable

□ Detailed plan for the sabbatical

□ Faculty member’s curriculum vitae

**\*** According to the Faculty Handbook and by submitting this form, the school agrees to support the candidate’s salary for the duration of a half-year sabbatical.

**For provost’s office use**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vice Provost Date

External salary support (if applicable): \_\_\_\_\_\_

Notification to Dean (date): \_\_\_\_\_\_\_\_\_\_

Entered, faculty record (date): \_\_\_\_\_\_\_\_\_\_