SABBATICAL CHECKLIST
Case Western Reserve University School of Medicine Submit all materials to: somFacultyApptMaterials@case.edu

Forms, templates, and more detail: http://casemed.case.edu/facultyaffairs/

Fac	reculty member: First name Middle in	tial Last na	me Degre	 ee
	epartment:			
Beginning and ending dates of the proposed sabbatical to				
Pre		ot taken a sab	obatical as a CWRU fac	
Application Check List (see Faculty Appointments, Promotions and Tenure Procedures Manual for more detail) http://casemed.case.edu/facultyaffairs/				
	Detailed plan for the sabbatical The department chair's letter of support (this le responsibilities will be covered during the sabb is being requested)			
	The faculty member's curriculum vitae			
	or a description of and requirements for a Sabbation of the state of t			book