REQUEST FOR SABBatical

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): ________________