

FACULTY APPLICATION FOR SABBATICAL/EDUCATIONAL/PROFESSIONAL LEAVE

Name _____ Rank _____
Department _____ Salary _____
MUW Employment Date _____ Tenured: Yes / No

Please indicate type of leave requested:

Sabbatical (Research/Creative Work) _____ Education (For terminal/other degree) _____
Other Professional (Specify) _____

Please indicate term of leave and, if appropriate, compensation requested:

Please indicate previous leaves awarded by MUW and purpose:

Department Chair Recommendation:

_____ Recommend Approval _____ Not Recommended

(If recommending approval, please attach a statement that describes plans to cover the faculty member's teaching load and other responsibilities during the period of the leave, including the cost of replacement faculty and source of funding.)

Signature of Department Chair Date

Dean Recommendation:

_____ Recommend Approval _____ Not Recommended

Signature of Dean Date

Provost/VPAA Recommendation:

_____ Recommend Approval _____ Not Recommended

Signature of Provost/VPAA Date

President Recommendation:

_____ Recommend Approval _____ Not Recommended

Signature of President Date

Note: Applications are due to the department chair by December 15 for leaves to be taken the following academic year. All leaves must be approved by the Board of Trustees of Institutions of Higher Learning.

Applicant. Please describe your proposed program of study or research. Indicate the location where the study will take place and the probable time schedule for completion of the project or degree. Show how the proposed study will contribute to your professional development and benefit MUW. Attach additional pages if necessary.

Applicant Certification: I have read MUW Policy #1306 governing faculty leaves. I agree to abide by the terms of the leave and understand that failure to comply with university policy may result in the termination of the leave and/or repayment to MUW of the leave stipend.

Signature of Applicant

Date