

FACULTY APPLICATION FOR SABBATICAL/EDUCATIONAL/PROFESSIONAL LEAVE

Name Click or tap here to enter text.

Rank Click or tap here to enter text.

Department Click or tap here to enter text.

Salary Click or tap here to enter text.

MUW Employment Date Click or tap to enter a date.

Tenured: Choose an item.

Please indicate type of leave requested:

Sabbatical (Research/Creative Work)

Education (For terminal/other degree)

Other Professional (Specify) Click or tap here to enter text.

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

Click or tap here to enter text.

Please indicate previous leaves awarded by MUW and purpose:

Click or tap here to enter text.

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.)

Click or tap here to enter text.

Signature of Department Chair

Date

Dean Recommendation:

Recommend Approval

Not Recommended

Click or tap here to enter text.

Signature of Dean

Date

Provost/VPAA Recommendation:

Recommend Approval

Not Recommended

Click or tap here to enter text.

Signature of Provost/VPAA

Date

President Recommendation:

Recommend Approval

Not Recommended

Click or tap here to enter text.

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.

Click or tap here to enter text.

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.

Click or tap here to enter text.

Signature of Applicant

Date