**SABBATICAL APPLICATION COVER SHEET**

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| --- | --- | --- | --- |
| **Name:** |            | **Today’s Date:** | September 20, 2017 |
|  |  |  |  |  |
| **Program:** | Faculty Sabbatical |  |
|  |  |  |  |  |
| **Semester(s) requested for sabbatical leave:**  |
|   and Note:      |
|  |  |  |  |
| **Personal history of years of service, including dates of leaves of absences:** *(Limited to space below)* |
|       |
|  |
| **Date of last sabbatical:**  **Professional achievement since last sabbatical:** *(Limited to space below)* |
|       |
|  |  |  |  |  |
| **Project Abstract:** *(Limited to space below)* |
|       |
|  |  |  |  |
| **Planned Project Outcome:** *(Limited to space below)* |
|       |
|  |
| SABBATICAL PROPOSALS ARE DUE NO LATER THAN FRIDAY, OCTOBER 13, 2017 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Anticipated Budget:** |  |  | **Other Funding:** |  |
|  |  |  |       |
| Travel | $0.00 |  |  |
| Supplies | $0.00 |  |  |
| Other | $0.00 |  | [ ]  Departmental Impact Statement Attached |
| **TOTAL REQUEST** | **$ 0.00** |  | [ ]  Proposal Attached |
|  |  |  | [ ]  Current C.V. Attached |

*Last Revised 09-20-17*

*Send cover sheet and proposal to Barbara Jean <jeanb@southwestern.edu>*