**SABBATICAL APPLICATION COVER SHEET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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>*