The University of Scranton

APPLICATION FOR SABBATICAL LEAVE

PART I – TO BE COMPLETED BY APPLICANT

Name:	Department:
Date of initial appointment at the UofS:	
Academic year of last sabbatical (if any):	
Proposed semester(s) for this sabbatical: _____ Requested duration: ____ one semester ____ full year	
Signature	Date

TYPE OF PROJECT (please check): ____ Scholarly/Research Project

____ Curriculum Development

REQUIRED ATTACHMENTS:

1. ***Project Description*** (approximately 3-5 double-spaced pages)
   Please use non-technical English.
   - **Background** - previous research in the area
   - **Reasons or Need** for the particular type of professional development and/or curricular revision proposed
   - **Specific Activities** to be undertaken during the sabbatical time
   - **Outcomes** (e.g. publications, grant proposals, impact on research and/or teaching, curriculum revisions)

2. ***Up-to-Date Curriculum Vitae***

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PART II - RECOMMENDATIONS:

	Signature	Date	Yes	No
Department Chair				
Dean				
Research Committee				

PART III - PROVOST/VPAA APPROVAL:

_____ _____

Signature **Date**