EASTERN MICHIGAN UNIVERSITY

Application for One Semester Sabbatical Leave

(Paper clip this form to your proposal)

Name of Applicant _____ Date _____

Department _____ College/Division _____

Title of Project _____

SABBATICAL LEAVE IS REQUESTED FOR: Fall semester 20____ or Winter semester 20____

PROJECT TYPE (check appropriate box): ☐ Community Service ☐ Professional Development ☐ Program Development ☐ Research/Creative Activity

I have read and agree to abide by the policies governing sabbatical leaves as specified in the EMU-AAUP contract and the application guidelines.

Signature of Applicant _____ Date _____

Departmental Review:* RECOMMENDED ☐ NOT RECOMMENDED ☐

Comments _____

_____

Date _____ Department Head Signature _____

College Dean Review:* RECOMMENDED ☐ NOT RECOMMENDED ☐

RANKING: Number _____ Among _____

Comments _____

_____

Date _____ Dean Signature _____

Action of University Research and Sabbatical Leave Committee:*

RANKING: Number _____ Among _____

Comments _____

_____

Date _____ Chairperson Signature _____

Action of Provost: AWARDED ☐ NOT AWARDED ☐

Regular Base Salary $ _____ Sabbatical Salary $ _____ Account Number _____

Date _____ Provost Signature _____

**All recommendations and rankings must be based exclusively on the merits of the proposal itself. All other considerations, such as departmental staffing needs, will not be addressed by peer review committees or administrators during the evaluation process.*

After final action, copies to: Applicant
Department Head
College Dean
Associate Provost and Associate Vice President for Research
Provost

Rev 6/09