EASTERN MICHIGAN UNIVERSITY

Application for Two 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: Academic Year 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 _____

Action of College Dean:* AWARDED ☐ NOT AWARDED ☐

RANKING: Number _____ Among _____

Comments _____

_____

_____

Date _____ Dean 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 & Associate Vice President for Research
Provost

Rev 6/09