

**Office of Research and Sponsored Programs
FACULTY SABBATICAL PROGRAM APPLICATION**

Proposal Part A

COVER SHEET

Submitted By :

Name: _____

Department: _____

Telephone: _____

Email: _____

Title of Sabbatical Proposal: _____

Period Applied for:

- Academic Year 2012-2013
- Fall Semester 2012
- Spring Semester 2013

Signature of Applicant: _____

Date: _____

Signature of Department Chair: _____

Date: _____

Signature of College Dean: _____

Date: _____

***NOTE:** Chair and dean signatures acknowledge faculty intention to apply for sabbatical leave but do not constitute endorsement of the request. Nine copies of this cover sheet and the proposal are to be submitted to the office of the dean by **September 12**.