

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

**\*DO NOT ATTACH THIS FORM TO YOUR PROPOSAL\***

**DEPARTMENTAL/COLLEGE CERTIFICATION AND APPROVAL FORM**

This form should be completed by your Department Chair and College Dean and then forwarded to the Office of Research and Sponsored Programs under separate cover. **DO NOT ATTACH THIS FORM TO YOUR PROPOSAL.** It must be received in the Office of Research and Sponsored Programs by **noon on September 22**. The form will not be reviewed by the Faculty Sabbatical Leave Screening Committee but will be forwarded to the Provost and Vice Chancellor of Academic Affairs with the Screening Committee's recommendations.

**APPLICANT:** Print or type the information requested below and submit this form with your application to your department chair well in advance of the deadline.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title of Sabbatical Project: \_\_\_\_\_  
\_\_\_\_\_

Period of Leave Requested: \_\_\_\_\_

**To: Department Chairs and College Deans**

**From: Karen Havholm, Assistant Vice Chancellor for Research and Sponsored Programs**

University regulations stipulate that the selection procedure for faculty sabbatical proposals must be designed to insure that selections are made under nondiscriminatory principles, that the quality of departmental program offerings will not be reduced below acceptable standards, that necessary departmental or university functions will not suffer from delay or interference caused by the absence of faculty granted leaves. Selections must also take into account the departmental and institutional capacities to support the sabbatical program through existing fiscal resources, collegial coverage, and when necessary, *ad hoc* appointments. Department Chairs: Please respond to the following questions and forward the form to your Dean. Deans: Please return this to ORSP by **noon on September 22**.

**DEPARTMENTAL/COLLEGE CERTIFICATION AND APPROVAL FORM (continued)**

**DEPARTMENTAL RESPONSE**

What arrangements can be made to cover this faculty member's courses without hiring ad hoc replacements?

---

---

---

---

If ad hoc replacements are absolutely necessary, specify the FTE required and explain why other arrangements cannot be made.

---

---

---

---

Signature of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**DEAN'S COMMENTS AND RECOMMENDATION:**

---

---

---

---

---

Signature of Dean: \_\_\_\_\_ Date: \_\_\_\_\_