Western Kentucky University

Application for Sabbatical Leave

_____ _____

Name of Applicant ***Department***

_____ _____

Number of Years at W.K.U. ***Rank***

Have you had previous sabbatical leaves: Yes _____ No _____

If yes, please complete Attachment A.

Check type of leave preferred:

One-half year, full-pay: _____Fall Semester _____Spring Semester

One-year, half-pay: _____Fall and Spring Semesters

*Summer, normal Stipend: _____

*Restricted by Board of Regents to exceptional cases where leave activities cannot be pursued during the regular school year.

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Detailed outline of applicant's proposed activities including indication of contribution to his/her professional improvement:

Outline of plan should be continued on next page.

Signature ***Date***

Endorsements

_____ _____

Endorsement by Department Head ***Date***

Comments:

Outline of plans for conduct of classes normally taught by leave applicant:

Upon endorsement by the Department Head, an original plus one copy for each representative of the College Sabbatical Advisory Committee should be forwarded to the Office of the College Dean. (The College Sabbatical Advisory Committee is composed of one tenured faculty member in each department within the college.)

_____ _____

Endorsement by Chairman, College Sabbatical Advisory Committee ***Date***

Comments:

_____ _____

Endorsement by College Dean ***Date***

Comments:

Upon endorsement by the College Dean, original plus one copy are to be forwarded to the Office of the Provost and Vice President for Academic Affairs.

Attachment A

Previous Sabbaticals

When was your last sabbatical leave? _____
Year

Was it one semester or two? _____

1. Describe briefly the project or activities proposed.

2. To what extend did you accomplish the objective outlined in your last sabbatical leave proposal?

3. What were the benefits to your department, college, and to the university?

4. How does your present proposal for another leave relate to the purpose of your last sabbatical?