

CLS SABBATICAL LEAVE APPLICATION

University of Wisconsin-La Crosse

Title Page Format

Name:

Rank:

Telephone Number:

College:

Department:

Title of Project:

Dates of Project:

Location(s) of Project:

Date of Last Leave:

Date of Last Sabbatical:

Requesting: (check one)

Two (2) semesters

One (1) semester

Fall Spring

Applicant's Signature _____ Date _____

Chair's Signature _____ Date _____

Abstract of Project:

CLS SABBATICAL LEAVE APPLICATION

University of Wisconsin-La Crosse

Departmental Letter of Support Format

Name of Applicant:

Department:

Inclusive Dates of Proposed Sabbatical:

Letter of Support (including evidence that the quality of the program offerings will not be reduced below acceptable standards):

Department Chair Signature

Date