



College of Arts, Social Sciences, and Humanities Sabbatical Leave Application

Title Page

Name: _____ Rank: _____
Email: _____ Phone: _____
College: _____ Department: _____

Title of Project: _____

Dates of Project: _____ Location of Project: _____

Date of Last Leave: _____ Date of Last Sabbatical: _____

Requesting (check one): Two semesters: OR One semester: Fall Spring

Applicant's Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Regent's Abstract:

100 words maximum. Clearly articulates the nature of the project.