

(NOTE: This form is interactive. Please type in all the information, print the form, and then obtain signatures.)

SABBATICAL LEAVE AND LEAVE OF ABSENCE REQUEST FORM

The Faculty Handbook, 4.125; "Sabbatical Leaves", 4.130; "Leaves of Absence", 4.134; "Implementation of the application process", 4.136; and "Obligation to Institution", 4.140; provide the necessary guidelines for faculty members interested in obtaining permission to pursue a sabbatical leave or leave of absence. Faculty members are encouraged to discuss their plans with the Vice President of Academics prior to making a formal request.

This request is being made for the 20 ____ - 20 ____ academic year

Beginning date: ____ - ____ - 20 ____ Ending date: ____ - ____ - 20 ____

Name _____ School _____

Years of Service at Concordia _____ Academic Department _____

Received a Sabbatical or LOA previously? No ____ Yes ____ Year _____

Current Highest Earned Degree _____ Field _____

Will a fellowship be part of this sabbatical/LOA? No ____ Yes ____ Amount \$ _____

Residence during the sabbatical/LOA _____

Institution at which advanced study will be pursued _____

Projected time for pursuing the project. (Be as specific as possible.)

Projected total costs \$ _____

Describe:

a) the nature of your project, and

b) the ultimate benefits to you and the University

NOTE: The nature of a sabbatical precludes working for any other agency unless a fellowship is involved.

Submit by February 1st for following fall or full year; June 1st for following spring.

Required Signatures:

Faculty member submitting request _____ Date _____

Dean of School of which faculty member is a member _____ Date _____