## 🖉 Minnesota State University Mankato

## Sabbatical Application Transmittal Document

Name of Faculty Member: \_\_\_\_\_

Department: \_\_\_\_\_

The attached department recommendation has been prepared by faculty other than the chairperson and was made available for review by department members including the applicant prior to forwarding through the department chair to the Dean.

Signature, Department Faculty Member Attesting to the Above

I am forwarding to the Dean the applicant's materials, the department's recommendation, any individual recommendations from department faculty members and my separate reaction/recommendation as department chairperson. I have sent a copy of my reaction/recommendation to the applicant. I have also sent to the applicant a copy of any individual recommendations from department faculty members.

Signature of Department Chairperson

I am forwarding to the Provost and Senior Vice President for Academic Affairs my recommendation concerning the application, together with all materials provided by the applicant, department and department chairperson. I have provided copies of my recommendation and the chair's recommendation to the faculty member concerned as required by the Agreement.

Signature of Dean/Director

Date

Date

Date