



Sabbatical Leave Application

General Information

Name:

Date:

Mail Code:

College:

Dean:

Department/Program:

Chairperson:

Years of Service at MSU (including this year):

Requesting sabbatical leave for:

Have you had prior sabbatical leave or leaves?

Will this sabbatical involve international travel?

Indicate dates of all prior sabbatical leaves below:

**Example: Fall 2019, Spring 2020, Academic Year 2019-2020*

Sabbatical Purpose Summary:

**Should be no more than a paragraph*

Sabbatical Outline

**Use additional pages*

- A. State the basic purpose of your sabbatical leave.
- B. Write a complete and detailed description of your proposed professional activity during the sabbatical leave. Include a separate sheet giving a month-by-month timeline of how the sabbatical activity will be completed.
- C. Demonstrate how your plans have the potential for addressing the factors described in the guidelines.
 1. The potential for substantial improvement in the professional preparation of the applicant. How will it maintain skills or advance them? How does it fit the faculty member's professional development objectives and goals?
 2. The potential for substantial improvement in the ability of the academic unit involved to accomplish its goals and objectives. How will the leave improve the individual professionally and improve the department's ability to accomplish priority goals and objectives?
 3. The potential for improvement in the ability of the University to accomplish its goals and objectives. How will the leave not only improve the individual professionally and help the department achieve priority objectives but also assist the University in achieving its priority goals and objectives?
- D. Do you expect to accept employment or to work under a scholarship, fellowship or research grant during the leave? If so, describe how this serves the purpose of the sabbatical leave.
- E. Department Chairperson Completes. How does the department (or other appropriate unit) plan to handle the classes and/or other duties of the applicant? Be specific. This should be included in the recommendation letter from the Chairperson.

Required Signatures

Signature of Applicant

Date

Signature of Chairperson of Personnel Committee
Circle One: Recommended or Not Recommended
Explain:

Date

Signature of Department Chairperson or Program Director
*** See E Above**
Circle One: Recommended or Not Recommended
Explain:

Date

Signature of Dean/Director/Supervisor
Circle One: Recommended or Not Recommended
Explain:

Date