

EASTERN MICHIGAN UNIVERSITY
Application for Sabbatical Leave
(paper clip this form to your proposal)

Name of Applicant _____ Date _____
Department _____ College or Division _____
Title of Project _____

SABBATICAL LEAVE IS REQUESTED FOR (check all appropriate boxes):
 One semester [Fall semester 20__ or Winter semester 20__]
 Two semesters

PROJECT TYPE (check appropriate box): Community Service Professional Development
 Program Development Research/Creative Activity

I have read and agree to abide by the policies governing sabbatical leaves as specified in the EMU-AAUP contract and the application guidelines.

Signature of Applicant _____ Date _____

Departmental Action:* RECOMMENDED NOT RECOMMENDED

Comments _____

Date _____ Department Head Signature _____

Action of College Dean:* RECOMMENDED NOT RECOMMENDED
RANKING: Number _____ Among _____

Comments _____

Date _____ Dean Signature _____

Action of University Research and Sabbatical Leave Committee:*
RECOMMENDED NOT RECOMMENDED
RANKING: Number _____ Among _____

Comments _____

Date _____ Chairperson Signature _____

Action of Provost: AWARDED NOT AWARDED

Regular Base Salary \$ _____ Sabbatical Salary \$ _____ Account Number _____

Date _____ Provost Signature _____

**All recommendations and rankings must be based exclusively on the merits of the proposal itself. All other considerations, such as departmental staffing needs, will not be addressed by peer review committees or administrators during the evaluation process.*

After final action, copies to: Applicant
 Department Head
 College Dean
 Provost

8/06