

**APPLICATION FOR SABBATICAL LEAVE 2023-2024**

**Please review the eligibility criteria included in the call for applications.**

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| Name: | Click here to enter text. | Current date: | Click here to enter a date. |
|  |  |  |  |
| Rank: | Click here to enter text. | Department: | Click here to enter text. |
|  |  |  |  |
| Date of appointment to faculty: | Click here to enter a date. |
|  |  |
| Dates of other sabbatical leaves: | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| Dates of other leaves in the past four years: | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
|  |  |  |  |
| Applying for (check one): Choose an item. |

**The following items must be included with the application form:**

**1. Abstract:** The abstract will be provided to the Board of Regents if the proposal is approved at the campus level. It should be concise and written for a general audience.

**2. Proposal:** The elaborated description of the project must address the five major criteria specified in the document “Criteria for Review by the Sabbatical Proposal Review Committee”. This document is available at the sabbatical information homepage, <http://www.uwp.edu/explore/offices/academicaffairs/sabinfo.cfm>.

**3. Other Grants**: A statement about other grants applied for or to be received during the proposed sabbatical leave.

**4. An abbreviated CV.**

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| Department Executive Committee Recommendation: [ ] Approve [ ]  DisapproveDepartment Chair Recommendation: [ ] Approve [ ]  DisapproveComments, including impact on department staffing: (attach statement)Priority: \_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dean’s Recommendation: [ ] Approve [ ]  DisapproveComments: (attach statement)Priority: \_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sabbatical Review Committee Recommendation: [ ] Approve [ ]  DisapproveComments: (attach statement)Priority: \_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Committee Chair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Provost/VC’s Recommendation: [ ] Approve [ ]  DisapproveComments: (attach statement)Priority: \_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Provost/VC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |