**Cover Page for Sabbatical Leave Proposal**

**AY 2019/2020**

Name:

Academic Rank:

College/School:

Department:

Office Phone:

E-mail Address:

Please indicate the academic year in which you were granted tenure:

Type of sabbatical being requested *(please check one)*:

Full academic year: \_\_\_\_\_\_\_\_\_

Two quarters *(check one)*: F/W\_\_\_ W/Sp\_\_\_\_ Other *(please specify)*:\_\_\_\_\_\_\_\_

Please indicate if any previous sabbatical leaves have been received and indicate which AY(s) here. Please also provide here a short paragraph for each of your previous sabbaticals summarizing the outcomes of each leave.

Please indicate if there is any proposed affiliation or visitor ship: Yes\_\_\_ No\_\_\_

If you indicated yes please include the following information:

Name and location of institution:

 Name of approving authority:

 Names of primary colleagues, if any, with whom you will be working:

 1.

 2.

 3.