



**Sabbatical Intention to
Apply AY 2025/2026**

Name:

Academic Rank:

College/School:

Department:

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*): _____