



## REQUEST TO CHANGE OR DEFER SABBATICAL LEAVE

<b>Name:</b>	<b>Date of Request:</b>
<b>College/School:</b>	<b>Department:</b>

Please review the [Sabbatical Leave Policy](#) and complete the form below. Please submit the form via email to Michelle Wall, Manager of Faculty Lifecycle ([mkw28@drexel.edu](mailto:mkw28@drexel.edu)) and cc [sabbaticals@drexel.edu](mailto:sabbaticals@drexel.edu). If you have questions or concerns, please contact Michelle Wall.

**Indicate current approved sabbatical leave:**

**Proposed new sabbatical dates:**

**Please provide the rationale for your request (suggested maximum of 800 words):**

Approved sabbatical leaves may be deferred up to one academic year without submitting a new application. Any deferral requests beyond the approved one-year period will be denied, and the faculty member will need to re-apply for a sabbatical leave.

*\*Special accommodation for a second or third year of deferral due to COVID are possible. If you have questions, please contact the Office of Faculty Advancement and Inclusion.*

**Department Head:**

**Dean:**