



**Cover Page for Sabbatical Leave Proposal
AY 2024/2025**

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*):

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.
