Sabbatical Leave Request and Recommendation Form

BOT/AAUP Contract Article 13.7

BOT/ SUOAF-AFSCME Contract Article 24.8

Please Forward To Department Chair or Administrative Officer by September 16, 2014

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AAUP \_\_\_\_\_\_\_\_\_\_\_\_ SUOAF-AFSCME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Time of AAUP Sabbatical: Fall 2015\_\_\_\_ Spring 2016\_\_\_\_ AY 2015-2016\_\_\_\_ (please check one)

Start and End Date of SUOAF-AFSCME Sabbatical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Must Have Completed At Least Six Years Of Full-Time Service Since Initial Appointment Or Any Previous CCSU Sabbatical. (Candidates may apply in their sixth year of service; however only tenured members may take a sabbatical leave.)

Please Indicate Semester and Year of Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester and Year of Last Sabbatical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_Check here if your sabbatical leave is dependent on your receipt of a Fulbright or other fellowship. If, yes, please be sure to include information and explanation of the fellowship in the narrative below including the anticipated date of notification of award.

Plan of Study

In preparing the application, please be specific and detailed, while keeping in mind that not all members of the Sabbatic Leave Committee will share your exact background.

I. Title of Project

II. Statement of purpose (or hypothesis) and objective(s)

III. Description of your existing knowledge and/or work to date related to the project (include citations to the literature as appropriate).

IV. Description of proposed sabbatical activities and/or methodology (include as much detail as possible).

V. Statement of potential value of your project to the university, to your professional growth, and to your particular field of study or discipline

VI. Statement of expected outcomes of your project. (Describe the outcomes and relationship, if any, of any previous sabbatical projects to the current one.)

Department Sabbatical Leave Committee Appraisal:

Recommend: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Departmental Sabbatical Leave Committee Signatures:

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Reviewed By Dean or Administrative Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By Provost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_