

FACULTY SABBATICAL APPLICATION, 2025-2026
#2 - Supplement

I WILL ACCEPT A TWO SEMESTER SABBATICAL AS MY SECOND CHOICE IF ONE

SEMESTER IS NOT AVAILABLE. Yes _____ No _____ **

Name _____

Department/School _____

College/School _____

Signature of Faculty Member (digital is acceptable)

RECOMMENDATION: **Signatures are not needed if the above answer is "no."

APPROVED _____ DISAPPROVED _____

Signature of Department Chair/School Director

Date

APPROVED _____ DISAPPROVED _____

Signature of College Dean/School Director

Date