



Faculty Request for Sabbatical Leave

Complete sabbatical requests are due in the Provost's Office on or before January 31. **This cover sheet must accompany proposal.** Sabbaticals will not be considered without both the Department Head and College Dean's signatures.

Name: _____ Department: _____

Rank: _____ Years in Rank: _____

Number of years of service: _____. Minimum of six years of service in the Montana University system on academic year contract is required.

Leave is requested for _____ semester(s), from _____ to _____.

Attachments:

1. Proposed leave program (activities, locations and organizations involved, and people with whom work will be done; travel; relationship to other projects; anticipated values to applicant, his/her department, the College, or the State; possibilities for publication of study results, and so on)
2. Applicant's justification for approval (evidence of meritorious performance in teaching, research, publication, and or service)

If my sabbatical leave request is granted, I agree to return to Montana Tech for one academic year, or I shall repay the money received from the University while on leave.

Applicant Signature/Date

Department Head Signature/Date

Dean Signature/Date

Provost/VCAA Signature/Date

Chancellor Signature/Date