

SABBATICAL PRE-APPLICATION NOTICE

Date (mm/dd/yyyy)	Last Name	First Name	Middle Initial
Leave Requested for How Many Semesters			
Department Chair/Di	rector Notification Signature	Date	
Sabbatical Abstrac			
Please provide an abstract of the proposed sabbatical project.			
The state of the s			
Statement by Supervisor			
Any comments or suggestions I have with this proposal are as follows			
I have reviewed the sabbatical abstract of the above-named applicant.			
	rector, or other) Signature		Date
(2001)			

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Rev.: 1/22/2020

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