



SABBATICAL PRE-APPLICATION NOTICE

Date (mm/dd/yyyy)	Last Name	First Name	Middle Initial
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Leave Requested for How Many Semesters

Department Chair/Director Notification Signature	Date
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Sabbatical Abstract
Please provide an abstract of the proposed sabbatical project.

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.

Supervisor (Dean, Director, or other) Signature	Date
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