SABBATICAL LEAVE APPLICATION

COVER PAGE

Detach this page from the packet and include it with your application.

Name ___________________________________________________________ Date ________________

Rank _________________________ Department __________________________

Years of Continuous Full-Time Service at MSJ ______________________

I wish to apply for sabbatical leave for:

( ) Fall semester, 20____ ( ) Spring semester, 20____

Title of Proposal ________________________________________________

Please attach a detailed narrative including the following:

a. a concise statement of purpose and objectives of the proposed study;

b. a brief review of relevant literature;

c. a detailed description of the nature and duration of the proposed study (methods, activities, etc.);

d. a statement of the significance of the project for your academic discipline;

e. a description/bibliography of your previous work in the field.

Please answer the following questions (attach a separate sheet of paper):

1. What contribution will the proposed study make to your department and the University?

2. How do you intend to share the outcomes of your sabbatical with the MSJ faculty and the academic community at large (eg. presentations, publications)?

3. Have other funds been sought or secured? State sources and amounts.

4. How will your teaching, advising, and departmental responsibilities be covered during your absence?

Signatures:

______________________________________________________________________________________________
Applicant

___________________________________________________________________________________________
Department Chair

______________________________________________________________________________________________
School Dean

___________________________________________________________________________________________
Applicant

Date

Date

Date
SABBATICAL LEAVE

PROPOSAL CHECKLIST

Only complete applications can be reviewed and evaluated. Incomplete applications will be returned to the applicant. It is the sole responsibility of applicant to be sure that the following materials are submitted in the sabbatical application:

1. a narrative description of the project (as described on the Cover Page);
2. responses to Questions 1-4 (on Cover Page)
3. required signatures (on Cover Page)
4. a letter of recommendation from your dean or director
5. a letter of recommendation from a colleague (internal or external)

A letter of intent which merely states the faculty member’s intent to apply is due to the Provost by September 15. All materials are due to the Provost by October 15. A representative of the Faculty Development Committee may then contact you for an interview. Decisions for approval and funding will be announced by December 1.
SABBATICAL LEAVE APPLICATION

REVIEW FORM

(This form is a sample copy of the review form used by the Faculty Development Committee. It is included for your reference and need not be submitted with your application.)

Name of applicant ___________________________________________ Date ________________

Project Title ____________________________________________________________

Reviewer ______________________________________________________________

1 = strongly disagree, 5 = strongly agree

1. Objectives are clear and precise.  1 2 3 4 5 cannot evaluate

2. The project appears likely to result in significant scholarly achievement (e.g., presentations, publications).  1 2 3 4 5 cannot evaluate

3. The project fulfills academic or curricular needs of the applicant’s department or the University.  1 2 3 4 5 cannot evaluate

4. The applicant possesses the requisite background and expertise to complete the project.  1 2 3 4 5 cannot evaluate

5. The applicant’s dean supports the project.  1 2 3 4 5 cannot evaluate

6. The recommending colleague supports the project.  1 2 3 4 5 cannot evaluate

7. Necessary resources/equipment for the project are or will be available.  1 2 3 4 5 cannot evaluate

8. Projected timetable appears reasonable.  1 2 3 4 5 cannot evaluate

9. The applicant has indicated how his/her responsibilities will be reassigned during the sabbatical leave.  1 2 3 4 5 cannot evaluate

STRENGTHS OF THE PROPOSAL:

WEAKNESSES:
SABBATICAL LEAVE APPLICATION

FINAL REPORT

Please complete this form and submit it to the Provost by the end of the first semester after returning to campus.

Name ____________________________________________     Date _____________________

Department _______________________________________

Period of sabbatical leave:

( ) Fall semester, 20_____                    ( ) Spring semester, 20_____

Title of Sabbatical Proposal ____________________________

___________________________________________________________________________

___________________________________________________________________________

Please attach separate pages and submit the information requested below.

1. Describe briefly the nature of your sabbatical project.

2. List the goals and objectives of the project as you delineated them in the original proposal.

3. Illustrate how these goals were achieved.

4. List any presentations or publications that have resulted or will result from your sabbatical studies.

5. (optional) Please list any comments and suggestions that you feel would make the Sabbatical Leave Program more useful to the MSJ faculty.

Thank you.