



Office of the Provost Sabbatical Request Form

Date ____ / ____ / ____

Name _____

School/College _____

Rank _____

Years in Rank _____

Department _____

Department
Chairperson _____

Home Address _____

Beginning date of Employment at Seton Hall University _____

Date Tenured ____ / ____ / ____

Date of Last Sabbatical _____

Date of Report of Last Sabbatical ____ / ____ / ____

Semester(s) of Proposed Sabbatical Leave:

- Fall 20 ____
- Spring 20 ____
- Fall 20 ____ and Spring 20 ____
- Other _____

Have you applied for outside funding in support of your sabbatical? Yes No

If yes, attach a list of all funds for which you applied, the source of funding, the amount requested, and whether funding includes a stipend designated as salary.

Would your project be significantly impaired if it were postponed? Yes No

If yes, explain in a separate document.

Please enclose the following documents and check off where appropriate:

- Formal statement of the project for which you seek a sabbatical (**Required**. Not to exceed 1 page).
- Work schedule indicating anticipated progress during the sabbatical period (**Required**).
- Formal statement of how the project will contribute to your professional development, to your department, and to the University (**Required**. Not to exceed 1 page).
- CV (**Required**. Must include full employment history and complete scholarship record with full citations).
- Formal statement of eligibility, including list of semesters of full-time faculty service counted toward sabbatical eligibility (**Required**. Not to exceed 1 page. See Article 6 of the *Faculty Guide* on eligibility).
- List of outside funding applications (If applicable).
- Most recent sabbatical report (If applicable).
- Reason project would be significantly impaired if postponed (If applicable. Not to exceed 1 page).
- Other(s) _____

Name _____ Total Number of Attachments _____

Your signature below indicates that you are familiar with all obligations a faculty member has regarding a sabbatical, as described in the *Faculty Guide* and in the appropriate Academic Memorandum; and specifically that you are willing to serve for at least one year after the expiration of the term of your sabbatical leave unless this provision of the University Sabbatical Policy has been waived, in writing, by the Provost.

Signature _____ Date ____ / ____ / ____

By signing below, the University officials certify that they support this sabbatical application and that the work of the department/school can be so arranged as to be carried forward effectively during the period of sabbatical leave without replacing the applicant.

The signed original should be forwarded to the next appropriate office.

Vote of Department: ____ # not approved ____ # approved

Not approved Approved **Chairperson** _____ Date ____ / ____ / ____

Not approved Approved **Dean** _____ Date ____ / ____ / ____

FINAL APPROVAL

Not approved Approved **Provost** _____ Date ____ / ____ / ____