Sabbatical Load Coverage

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  | | | | | | |
| To |  | | | | | | | Faculty Development Committee Chair | | | |
| From |  | | | | | | | School Dean | | | |
|  | | | | | | | Department Chair | | | |
| School | | |  | | | | | | | | |
| Department | | |  | | | | | | | | |
| Sabbatical Applicant | | | | |  | | | | | | |
|  | | | | | | | | | | | |
| *Please be specific without evaluating the proposed worth of the sabbatical.* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. Which semester/year is the proposed sabbatical planned? Check both for a full-year sabbatical. | | | | | | | | | | | |
|  | | Year | |  | |  |  | | Year |  |  |
|  | | | | | | | | | | | |
| 2. What courses does the sabbatical applicant normally teach during this time? | | | | | | | | | | | |
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| 3. What additional responsibilities does the sabbatical applicant have that will need coverage? | | | | | | | | | | | |
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| 4. How will the sabbatical applicant’s teaching load/responsibilities be covered during this time? | | | | | | | | | | | |
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