Sabbatical Load Coverage

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| --- | --- |
| 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.* |
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| 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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