

MINNESOTA STATE UNIVERSITY, MANKATO  
SABBATICAL LEAVE APPLICATION  
For Sabbaticals in the Year 2019-2020

Name \_\_\_\_\_ Date \_\_\_\_\_

Department or Program \_\_\_\_\_

Period for which sabbatical leave is requested \_\_\_\_\_

Years of service at MSU (including this year) \_\_\_\_\_

Have you had a prior sabbatical leave or leaves? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this sabbatical involve international travel? Yes \_\_\_\_\_ No \_\_\_\_\_

**Circle Appropriate Item**

Indicate dates of all prior sabbatical leaves: \_\_\_\_\_ to \_\_\_\_\_ Fall Winter Spring All Year  
\_\_\_\_\_ to \_\_\_\_\_ Fall Winter Spring All Year  
\_\_\_\_\_ to \_\_\_\_\_ Fall Winter Spring All Year

- A. State the basic purpose of your sabbatical leave. (use additional pages)
- B. Write a complete and detailed description of your proposed professional activity during the sabbatical leave. Include a separate sheet giving a month-by-month timeline of how the sabbatical activity will be completed.  
*(use additional pages)*
- C. Demonstrate how your plans have the potential for addressing the factors described in the guidelines *(use additional pages)*:
1. The potential for substantial improvement in the professional preparation of the applicant. How will it maintain skills or advance them? How does it fit the faculty member's professional development objectives and goals?
  2. The potential for substantial improvement in the ability of the academic unit involved to accomplish its goals and objectives. How will the leave improve the individual professionally and improve the department's ability to accomplish priority goals and objectives?
  3. The potential for improvement in the ability of the University to accomplish its goals and objectives. How will the leave not only improve the individual professionally and help the department achieve priority objectives but also assist the University in achieving its priority goals and objectives?
- D. Do you expect to accept employment or to work under a scholarship, fellowship, or research grant during the leave? \_\_\_ yes \_\_\_ no (If so, describe how this serves the purpose of the sabbatical leave).

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E. (**Department Chairperson Completes question E.**): How does the department (or other appropriate unit) plan to handle the classes and/or other duties of the applicant? **Be specific.** (*use additional pages*)

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\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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\_\_\_\_\_  
**Signature of Chairperson of Personnel Committee**

\_\_\_\_\_  
**Date**

**Circle One:** Recommended   Not Recommended

**Explain:**

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\_\_\_\_\_  
**Signature of Department Chairperson or Program Director**

\_\_\_\_\_  
**Date**

**\* See E Above**

**Circle One:** Recommended   Not Recommended

**Explain:**

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\_\_\_\_\_  
**Signature of Dean/Director/Supervisor**

\_\_\_\_\_  
**Date**

**Circle One:** Recommended   Not Recommended

**Explain:**

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*Submit this application to your department office no later than September 7, 2018.*