

SABBATICAL LEAVE REVIEW FORM
Faculty Improvement Grant and Sabbatical Committee
Minnesota State University, Mankato

Applicant: _____

Reviewer: _____

Years of Service	
Date(s) of Prior Sabbatical Leave	

Criteria	Check here if included	Check here if not included	Comments
The applicant has clearly stated the purpose of the sabbatical.			
The applicant provided a complete and detailed description of the proposed professional activity during the sabbatical leave.			
The applicant provided a month-by-month timeline.			
The applicant demonstrated how the plan has the potential for substantial improvement in the professional preparation of the applicant to maintain or advance skills.			
The applicant addressed how the leave fits with professional development objectives and goals.			
The applicant demonstrated how the plan has the potential for substantial improvement in the ability of the academic unit or department involved to accomplish its goals and objectives.			
The applicant demonstrated the potential of the plan for improvement in the ability of the University to accomplish its goals and objectives.			
If accepting employment, a scholarship, a fellowship, or a grant during the leave, the applicant addressed how it will serve the purpose of the sabbatical leave.			