

MINNESOTA STATE UNIVERSITY, MANKATO

SABBATICAL LEAVE APPLICATION For Sabbaticals in the Year 2012-2013

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 _____

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.

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)*

Signature of Applicant

Date

Signature of Chairperson of Personnel Committee

Date

Circle One: Recommended Not Recommended

Explain:

Signature of Department Chairperson or Program Director

Date

*** See E Above**

Circle One: Recommended Not Recommended

Explain:

Signature of Dean/Director/Supervisor

Date

Circle One: Recommended Not Recommended

Explain:

Submit this application to your department office no later than September 9, 2011.