MINNESOTA STATE UNIVERSITY, MANKATO
SABBATICAL LEAVE APPLICATION
For Sabbaticals in the Year 2018-2019

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)**

_________________________________________  ____________________________
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 8, 2017.