

Minnesota State University, Mankato
SABBATICAL APPLICATION TRANSMITTAL DOCUMENT
FOR SABBATICALS IN 2010-11

A. **Name of Faculty Member** _____ **Dept** _____

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B. The attached department recommendation has been prepared by faculty other than the chairperson and was made available for review by department members including the applicant prior to forwarding through the department chair to the dean.

Date **Signature, Department Faculty Member**
Attesting to the Above

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C. I am forwarding to the dean the applicant's materials, the department's recommendation, any individual recommendations from department faculty members, and my separate reaction/recommendation as department chairperson. I have sent a copy of my reaction/recommendation to the applicant. I have also sent to the applicant a copy of any individual recommendations from department faculty members.

Date **Signature of Department Chairperson**

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D. I am forwarding to the Vice President for Academic Affairs my recommendation concerning the application, together with all materials provided by the applicant, department, and department chairperson. I have provided copies of my recommendation and the chair's recommendation to the faculty member concerned as required by the Agreement.

Date **Signature of Dean/Director**