



SABBATICAL ASSIGNMENT APPLICATION

Name _____ School/Department _____

Present Academic Rank _____ Years in Rank _____

NUMBER OF YEARS OF SERVICE AT UM (must have completed six academic years of satisfactory service prior to the year for which first sabbatical assignment is requested): _____ YEARS

OR

NUMBER OF QUARTERS/SEMESTERS SINCE PRIOR SABBATICAL ASSIGNMENT (must have completed at least 18 quarters, or 12 semesters, or an equivalent period of combined quarters and semesters full-time service at UM since prior sabbatical, with no more than three quarters, or two semesters, counted for anyone fiscal year. Quarters or semesters for which other types of leave were granted shall be excluded in determining period of service):

_____ QUARTERS _____ SEMESTERS

ASSIGNMENT IS REQUESTED FOR _____ and/or _____ SPRING SEMESTER

ATTACH THE FOLLOWING DOCUMENTS:

1. A definite detailed plan for the scholarly or professional use of the sabbatical.
2. Statement of anticipated future values of completion of the program for the applicant, students, department, and University.
3. Complete vita, including a record of all professional activities.
4. Description of any fellowship, grant, or other arrangements that would aid in financing or otherwise supporting the proposed project.

If my sabbatical request is granted, I agree to return to full-time service with the University for a period equal to the length of the sabbatical following expiration of the assignment or to refund the compensation paid me by the University during such assignment unless this obligation is specifically waived by the President or his/her designee.

SIGNED _____ DATE _____
Faculty Member

THE FACULTY MEMBER SHALL SUBMIT THIS FORM AND ALL ATTACHMENTS (AND ONE COPY OF ALL) TO THE DEAN NO LATER THAN OCTOBER 30 OF THE ACADEMIC YEAR PRIOR TO THE YEAR IN WHICH SABBATICAL ASSIGNMENT IS DESIRED.

CHAIRPERSON(S) COMMENTS ON MERIT OF PROPOSAL: (See CBA 11.140; append additional pages as needed)

SIGNED: _____ DATE _____
Departmental Chairperson

DEAN(S) RECOMMENDATION AND COMMENTS: (see CBA 11.140; append additional pages as needed)

1. Effect this proposed sabbatical assignment would have on the academic functions of the Department/School.

2. Financial arrangement necessary to provide for the faculty members absence.

3. Assessment of merit proposal:

Meritorious

Acceptable

Not Acceptable

SIGNED: _____ DATE _____
Dean

THE DEAN SHALL SUBMIT ALL APPLICATIONS WITH COMMENTS AND RECOMMENDATIONS ON EACH TO THE COMMITTEE ON SABBATICAL ASSIGNMENTS NO LATER THAN **NOVEMBER 20**.

THE COMMITTEE ON SABBATICAL ASSIGNMENTS SHALL RANK PROPOSALS AND MAKE RECOMMENDATIONS TO THE ACADEMIC VICE PRESIDENT NO LATER THAN **DECEMBER 15**.