## Western Kentucky University

# **Application for Sabbatical Leave**

Name of Applicant		Depart	ment
Number of Years at W.K.U.		Rank	
Have you had previous sabba	ntical leaves:	Yes	No
If yes, please complete Attac	hment A.		
Check type of leave preferr	red:		
One-half year, full-pay:	Fall Sen	nester	Spring Semester
One-year, half-pay:	Fall and	Spring Semes	sters
*Summer, normal Stipend:			
*Restricted by Board of Regular s		al cases where	e leave activities cannot be
*****	· • • • • • • • • • • • • • • • • • • •	•	•••••
Detailed outline of applicant his/her professional improver		ities including	g indication of contribution to

Outline of plan should be continued on next page.

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### **Endorsements**

Endorsement by Department Head	Date
Comments:	
Outline of plans for conduct of classes normal	lly taught by leave applicant:

Upon endorsement by the Department Head, an original plus one copy for each representative of the College Sabbatical Advisory Committee should be forwarded to the Office of the College Dean. (The College Sabbatical Advisory Committee is composed of one tenured faculty member in each department within the college.)

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Endorsement by Chairman, College Sabbatical Advisory Committee	Date
Comments:	
Endorsement by College Dean	Date
Comments:	

Upon endorsement by the College Dean, original plus one copy are to be forwarded to the Office of the Provost and Vice President for Academic Affairs.

# **Attachment A**

## **Previous Sabbaticals**

W	hen was your last sabbatical leave?	
	•	Year
W	as it one semester or two?	
1.	Describe briefly the project or activities	proposed.
2.	To what extend did you accomplish the leave proposal?	objective outlined in your last sabbatical
	icave proposar:	
2	WI 4 1 1 C4 4 1 4	. 11 1. 1. 1. 1. 1. 1. 1.
3.	What were the benefits to your department	ent, conege, and to the university?
4.	How does your present proposal for ano sabbatical?	ther leave relate to the purpose of your last