

Western Kentucky University

**Application for Sabbatical Leave**

\_\_\_\_\_  
*Name of Applicant*

\_\_\_\_\_  
*Department*

\_\_\_\_\_  
*Number of Years at W.K.U.*

\_\_\_\_\_  
*Rank*

Have you had previous sabbatical leaves:      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, please complete Attachment A.

**Check type of leave preferred:**

One-half year, full-pay:      \_\_\_\_\_ Fall Semester      \_\_\_\_\_ Spring Semester

One-year, half-pay:      \_\_\_\_\_ Fall and Spring Semesters

\*Summer, normal Stipend:      \_\_\_\_\_

\*Restricted by Board of Regents to exceptional cases where leave activities cannot be pursued during the regular school year.



Detailed outline of applicant's proposed activities including indication of contribution to his/her professional improvement:

Outline of plan should be continued on next page.

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*Signature*

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*Date*

## **Endorsements**

\_\_\_\_\_  
*Endorsement by Department Head*

\_\_\_\_\_  
*Date*

Comments:

Outline of plans for conduct of classes normally 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*

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*Date*

Comments:

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*Endorsement by College Dean*

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*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.

