

YESHIVA UNIVERSITY
Office of the Provost

Application for Sabbatical Leave

Name of Applicant: _____

College/School: _____

Date of Prior Sabbatical Leave (if applicable):

Please specify the year and, when relevant, semester below.

I am applying for a sabbatical leave during:

_____ semester at full pay

_____ academic year at half pay

and under the conditions described below:

- I. Purpose of Leave: What is the scholarly, creative, professional, research or other academic activity in which you propose to engage during the leave? (Please attach a detailed description of these activities)
- II. Upon expiration of this leave, I shall return to full-time service with the University for a least one year.
- III. Within three months after expiration of this leave, I will submit a written report of my activities to my dean and the Provost.

Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____
(if not applicable, indicated with N/A)

Dean's Recommendations: (Including considerations of University personnel needs and budgetary implications)

Signature: _____ Date: _____