College of Arts, Sciences, and Business Sabbatical Leave Application 2018-2019

Please submit this form and accompanying materials (C.V., detailed project description, and department chair’s statement) to the College of Arts, Sciences, and Business, 118 Fulton Hall or CASB@mst.edu, on or before Friday, October 13, 2017.

Name: ___________________________ Department: ___________________________

Faculty rank: ___________________________ Initial tenure-track appointment (year): ___________________________

Date of tenure (year): ___________________________ Dates of previous sabbatical leaves from S&T (if any): ___________________________

Sabbatical option preferred:

_____ Two-semester sabbatical (Fall 2018 & Spring 2019) at half-salary

_____ One-semester sabbatical at full salary. Circle one: Fall 2018 Spring 2019

Please attach a current CV and a detailed description of your sabbatical work plan, including the following:

a. A brief (<500 words) description of the objectives of this sabbatical leave

b. Timetable for sabbatical leave activities

c. Travel necessary to implement work plan (if any)

d. Expected professional/scholarly outcomes resulting from the sabbatical

e. Contributions you can make to your department, college, S&T community, and/or profession at large that will result from your sabbatical leave

f. How your on-campus obligations (ex. student advising, committee assignments, etc.) may be met in your absence. [Please note: you are not responsible for finding your own replacements, but outlining your responsibilities will help your supervisor to anticipate those needs.]

If any of the following are relevant to your sabbatical application, please include this information as well:

g. Copy of invitation from other university or industry partner

h. Statement of assurance from your sponsor that appropriate facilities are available to you to conduct your sabbatical leave activities

i. Indication if and to what extent this sabbatical is externally funded

Please attach a brief statement of endorsement from your department chair describing the merits of the proposed leave and how your faculty duties will be covered in your absence.

Signatures:

_________________________________________________________ Date

Faculty Member

_________________________________________________________ Date

Department Chair

_________________________________________________________ Date

Vice Provost and Dean approve/disapprove