

APPLICATION FOR SABBATICAL LEAVE

Name:			
Proposed Academic Year for Sabbatical Leave:			☐ Academic Year ☐ Fall Term ☐ Spring Term
Application materials – due to the Provost's Office by December 1: 1. Cover Sheet — Sign and return this cover sheet as a paper copy. 2. Supporting documents — Email the following attachments to provost@coe.edu: • Project Proposal: Your proposal should explain as fully as possible, including nature of project, with whom or with what institution you expect to work (if this is pertinent), and your location for working on the project. What benefit(s) will this sabbatical have for you and for the institution? • Curriculum Vitae. 3. Advising – What plans do you have for the advisees assigned to you during your leave? □ Please assign them to □ Please assign them to members of my department. □ I will send a list to the Registrar's office at least one month before starting my leave to indicate the appropriate assignments.			
4. Teaching – What courses would you normally be teaching during your leave?			
I hereby commit myself to return to Coe College as an employee for at least one year following any sabbatical granted on the basis of this application, as required by the Coe College sabbatical policy, and agree that if I fail to do so for reasons other than disability, I will refund and pay back to the College the salary paid to me during sabbatical.			
	Sign	nature of Applica	ant Date
To be completed by Department Chair 1. Is anyone else from this dept. expected to be on sabbatical during the applicant's proposed leave? ☐ Yes ☐ No 2. How will your department cover the applicant's courses such that students are able to maintain their progress? For example, if you need overloads, please explain how many and why.			
	Sign	nature of Departr	ment Chairperson Date
Approved by:			
Signature of Provo		Date	Signature of President of College Date
<i>Note</i> : Upon approcessing complete with sign		posal by the Boar	rd of Trustees, a copy of this form will be returned to you,