

GUILD SABBATICAL REQUEST FORM

Please complete the following information to enable the Sabbatical Review Committee to consider your request. Answer all questions. This form must be received in the Office of the Vice President for Academic and Campus Affairs by **October 15th**.

Name: _____

Address: _____

Home Telephone: _____ College Extension: _____

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Period of previous sabbatical, if applicable: _____

List of unpaid leave(s) of absence: From _____ To _____

Preference for sabbatical leave (rank your preferences 1st, 2nd, 3rd, 4th, 5th)

Full Year _____

Fall Semester _____

Spring Semester _____

Eight months / 75% pay _____

Released time up to 50 days (alternative) _____

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Sabbatical Activity or Title _____

Summary _____

Signature _____

Date _____

cc: Campus Executive Dean

Revised 12/00