



Application for Faculty Sabbatical

Name of Applicant: _____

Street Address: _____

City, State, Zip Code: _____

Office Phone Number: _____ Alternative Phone Number: _____

Preferred E-mail Address: _____

Academic Rank: _____

Academic Department: _____

School: Arts, Humanities, and Social Sciences Business, Math, and Technology
 Education and Behavioral Sciences Science and Health

Start date of Employment at MSU (Month, Year): _____

Months of Full-Time Continuous Employment (*round through current month of application*): _____

First Semester of Tenure (e.g., Fall, 2005): _____

Have you had a previous leave from the University (*e.g., sabbatical, developmental leave, personal leave of absence*)?
Yes No

Indicate Sabbatical Option you are seeking:

One-Semester (100% support) Full Academic Year (50% support)

Attach a typed, double-spaced (12-point font), Sabbatical Proposal (*see "Guidelines for Sabbatical Proposal"*)

Applicant Signature _____ Date _____

Name of Applicant (typed) _____

Attach curriculum vitae with signature. Attach original letters of support from two colleagues familiar with your work who can affirm the importance of your proposal. Note: Your chairperson will forward a letter of recommendation to the dean after reviewing your application.

Read, complete, and attach the "Conditions of Agreement" form.

Submit your complete sabbatical application to your academic chairperson.

Please complete this form which is a part of your application and submit it to your academic chairperson by the specified application deadline. Incorporating policy established by the North Dakota State Board of Higher Education, Minot State University requires that the following commitment must be made by a faculty member who is granted a sabbatical leave.