

Application for Sabbatical Leave
information is to be typed

Full Name _____

Campus _____

School _____

Rank _____

Department _____

Date of first full-time appointment to the faculty __/__/__

Purpose of leave, explain fully the nature of project planned, including title of any research, writing, or publication to be undertaken.

Where will the project be undertaken? _____

Will you receive any type of grant or aid in connection with this project? YES NO

If yes, please specify _____

Specify semester(s) requested for sabbatical leave _____

Have you ever had a leave of absence from Pace University? YES NO

If yes, please provide the following information:

DATE OF LEAVE(S)	TYPE OF LEAVE e.g. doctoral	APPROXIMATE AMOUNT OF UNIVERSITY SUPPORT
A. __/__/__	A. _____	A. \$ _____.
B. __/__/__	B. _____	B. \$ _____.
C. __/__/__	C. _____	C. \$ _____.

Action on Application

Comment of Chairperson _____

Approved

Signature of the Chairperson

__/__/__

Comment of the Dean
