**FORM 17**

**ROWAN UNIVERSITY SABBATICAL LEAVE APPLICATION**

**NAME:**

Last First MI

**Requested duration of Sabbatical**:

\_\_\_\_\_\_ First Semester Only: September 20 December 20

\_\_\_\_\_\_ Second Semester Only: January 20 June 20

\_\_\_\_\_\_ Full Academic Year: September 20 June 20

\_\_\_\_\_\_ Chronological Year: January 20 December 20

**Date of Appointment**

**Department(s):**  **to Rowan University:** / /

**Hiatus in service at Rowan University** (if applicable):

Top of Form

**Have you ever had a Sabbatical Leave at Rowan University:** () No () Yes

Bottom of Form

**If YES**, record the date range of Sabbatical Leave: / / to / /

**Provide the following information regarding your Sabbatical Leave:**

* Cover Page with Abstract: Use this form as the cover page, completed and clearly labeled. Immediately following the cover page, attach an abstract of not more than 100 words as described in Appendix 1.
* Narrative Body: Purpose and Objectives, expected results, and justification as described in Appendix 1.
* Supporting Documents: Described in 2.3 of Contract and Guideline Interpretations and in Appendix 1.
* Current Curriculum Vitae
* Notification letter to Dean and Department Chair/Head: Dated copy of memo of intent to apply for Sabbatical Leave
* Dean’s Confirmation of Notice and Impact Statement with original signature.
* Departmental Committee Letter of Support with original signatures.

**Submit 1 Electronic (PDF or similar) & 1 Original Print Copy**