## ROWAN UNIVERSITY SABBATICAL LEAVE APPLICATION

NAME:		,
Last	First	MI
Requested duration of Sabbat	tical:	
First Semester:	September 2017 thru December 2017	
Second Semester:	January 2018 thru June 2018	
Full Academic Year:	September 2017 thru June 2018	
Chronological Year:	January 2018 – December 201	8
Department:		
Date of Appointment to New J	lersey State College/University _	
Hiatus in service at New Jerse	ey State College/University (if ap	pplicable):
Have you ever had a Sabbatic	al Leave at Rowan University: (	) No ( ) Yes
If YES, record the date(s) of Sa	abbatical Leave:	

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

- Abstract: Not more than 100 words as requested under <u>3.3</u> of Obligations of the Candidate. Attach to this form, clearly labeled.
- Purpose: Provide details as explained in <u>2.1</u> & <u>2.2</u> of *Guideline Interpretations*.
- Supportive Data: Requested under <u>2.3</u> of Guideline Interpretations.
- Current Curriculum Vitae
- Notification letter to Dean and Department Chair: Dated copy of memo of intent to apply for Sabbatical Leave

You must do the following two requirements:

- 1. You must submit ONE original hard copy application on or before Thursday, October 13, 2016 by noon. Submitted to the University Senate Office Suite 432 Campbell Library.
- 2. You must submit your completed application as a PDF file, by email to jonnalagadda@rowan.edu on or before Thursday, October 13, 2016 by noon.

It is no longer necessary to submit 10 additional copies of your original folder