Gustavus Adolphus College

**Sabbatical Leave Request Cover Page**

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| **Name:**  Click here to enter text. | **Rank:**  Click here to enter text. |
| **Date (or anticipated date) of tenure:**  Click here to enter text. | **Dates of proposed leave:**  Click here to enter text. |
| **Department(s):**  Click here to enter text. | **Period of proposed leave (semester or AY):**  Click here to enter text. |
| **Years of full-time service at Gustavus:**  Click here to enter text. | **Years credit from another institution (if applicable):**  Click here to enter text. |
| **Type of proposed request:**  Scholarly and artistic activities  Professional retraining and revitalization | |

**Application packet should contain the following:**

Description of the proposed sabbatical leave

Letter of support from the department chair

Letters confirming arrangements for off-campus leaves, if applicable