

STATE UNIVERSITY OF NEW YORK AT STONY BROOK

Sabbatical Leave Request

Name:	Date:
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Rank:	Department:
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Sabbatical Leave Requested for:	From:	To:
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COMPLETE DESCRIPTION OF PROPOSED SABBATICAL PROJECT (attach extra sheets if necessary). Describe the scholarly and research objectives to be accomplished, your particular qualifications for the proposed project, and the relevance of the project to the University's mission:

Indicate any prospective salary and/or other income during the leave period. Please be specific.

No income/salary other than sabbatical salary.

Combined income/salary for academic year from University and non-University sources will not exceed full academic year salary (specify sources of income and amount)

Combined income/salary from all sources will exceed full academic year salary (specify sources of income and amount). Sabbatical salary will be reduced unless a waiver of the rule is approved by the President.

Period of Last Sabbatical Leave:	From:	To:
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Please describe briefly the project and tangible results of that effort. Make specific reference to published works or other appropriate materials directly resulting from that endeavor. (Attach additional sheets if necessary)

Please summarize briefly your contributions to teaching in the period since your last sabbatical leave (or past six years, whichever is the shorter period). For each semester during that period, please list the courses that you have taught by course number and name (with cross-listings, if relevant), the approximate enrollment, and, if the course was team taught, the fraction of class meetings for which you were primarily responsible. Please note the reason for any approved reductions from the normal teaching assignment for your discipline.

*I understand that in requesting the above listed period of sabbatical leave, I agree to return to the State University of New York at Stony Brook for a period of one year from the termination of the leave and if I do not return to remit any salary paid by the University during the leave period. I further agree to provide within three months of my return a detailed written report on my professional activities during the leave period. **A copy of my cv is attached to this request (required).***

Signature _____ **Date** _____

Sabbatical Leave Endorsements

I. Department Chair's Support/Non-Support of Request:

Please provide your assessment of this request. Include a brief statement on the proposed method of handling the instructional and academic obligations of the faculty member on leave.

Signature: _____

Date _____

I. Dean's Support/Non-Support of Request:

Signature: _____ Date _____

III. Vice President for Health Sciences Support/Non-Support of Request (if applicable):

Signature: _____ Date _____

IV. Provost's Concurrence/Non-Concurrence:

Signature: _____ Date _____

V. President's Approval/Disapproval of Sabbatical Request::

Signature: _____ Date _____