

MOREHEAD STATE UNIVERSITY SABBATICAL LEAVE OF ABSENCE APPLICATION

Name of Applicant _____

Position and rank _____

Number of consecutive years employed at MSU _____

Date(s) of previous MSU Sabbatical Leave(s) _____

For each MSU Sabbatical Leave that has been received, a copy of the final report for each leave must be submitted which must include a complete description of how each leave was spent.

Date of semester(s)/term(s) desired for leave _____

Will there be any remuneration, scholarships, fellowships, or other honorary stipends received in regard to this sabbatical leave? Yes _____ No _____

If the answer is yes then attach an explanation of any remuneration, scholarships, fellowships, or other honorary stipends that will be received.

Has the applicant read PAc-17? Yes _____ No _____

- (1) Attach a comprehensive description of the purpose for the sabbatical leave.
- (2) Attach a detailed description of the plan for the sabbatical leave.
- (3) Attach a current VITA, including educational preparation, work history at MSU, and evidence through annual performance evaluation of teaching effectiveness, professional activities, and service.
- (4) Attach an explanation of the potential value of the leave for the professional growth of the applicant.
- (5) Attach an explanation of the potential for the enhancement of the University's academic program by this leave.
- (6) Attach an explanation of the arrangements for work responsibilities within the department/University which are to be covered if the faculty member is granted leave. This is to be completed by the immediate supervisor in cooperation with the applicant.

(Signature)

(Date)