



# APPLICATION FOR SABBATICAL LEAVE

## TO BE COMPLETED BY THE APPLICANT:

Applicant Name:   Title:  Employee ID:

Department:  BSU E-mail:  Campus Mail Stop:

College/School:

Date of Initial BSU Faculty Tenure Appointment:  Date of Tenure Award:

Dates of previous sabbatical leave(s) and leave(s) without pay:

Period of sabbatical leave covered by application (enter YY)    Fall 20     Spr 20     Full Year 20     Other

### Required Application Material (Checklist):

Application for Sabbatical Leave (this form)

Abstract of Project

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