

**FACULTY DEVELOPMENT COMMITTEE  
APPLICATION FOR A TROY UNIVERSITY  
SABBATICAL LEAVE**

APPLICATION DUE DATES:

January 15<sup>th</sup> for a leave beginning Fall Semester  
April 1<sup>st</sup> for a leave beginning Spring Semester

I certify that the information included in this form is true and correct. I also agree to make a written report in reasonable detail concerning the achievement accomplished while on leave. (The report is due within three months after the end of the leave).

Name \_\_\_\_\_  
Signature of applicant

I recommend that this application be (approved, disapproved).

\_\_\_\_\_  
Supervisor/Department Chair's signature

(NOTE: If approved, please attach a letter of recommendation to support the applicant and an explanation of arrangements which are contemplated and what budgetary adjustments (if any) will be required to maintain the departmental program during the applicant's absence. If you have more than one applicant from your college, please indicate the maximum number of people you can allow to be on leave. If disapproved, please attach a letter of explanation and forward the application to the current chair of the Faculty Development Committee. See website <http://www.troy.edu/facultydevelopment>.)

I recommend that this application be (approved, disapproved).

\_\_\_\_\_  
Dean's signature

(If disapproved, please attach a letter of explanation and forward to Chair of the Faculty Development Committee.)

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I recommend that this application be (approved, disapproved).

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Chairman, Faculty  
Development Committee

I recommend that this application be (approved, disapproved).

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Senior Vice Chancellor - Academics

Application for Troy University Sabbatical Leave

1. Name in full: \_\_\_\_\_  
Last First Middle
2. Office location & phone: \_\_\_\_\_  
Building Room Number Phone Extension
3. When were you first employed by Troy University? \_\_\_\_\_  
Month Year

4. How many years of continuous service do you have with Troy? \_\_\_\_\_  
(If you have left Troy and returned for any reason, please explain and please give the dates you were gone.) \_\_\_\_\_  
\_\_\_\_\_

5. With what department or professional area are you associated at Troy?  
\_\_\_\_\_

6. At what institution (if any) do you propose to be associated with for the duration of the sabbatical leave? (give name and location) \_\_\_\_\_  
\_\_\_\_\_

7. Which type of leave are you requesting? \_\_\_\_\_ Non-funded \_\_\_\_\_ Troy University-funded  
If you are requesting a Troy funded leave, complete the financial statement at the end.

8. What length leave are you requesting? \_\_\_\_\_ One Semester (full pay)  
\_\_\_\_\_ Two Semesters (half pay)

NOTE: PAY WILL NOT BE PROVIDED BY THE UNIVERSITY FOR THE SUMMER SEMESTER.

9. Indicate the semester in which your proposed leave will begin:

\_\_\_\_\_ Fall Semester (application due January 15<sup>th</sup>)

\_\_\_\_\_ Spring Semester (application due April 1<sup>st</sup>)

(Indicate the exact dates of your leave) Begin: \_\_\_\_\_  
Month Day Year  
End: \_\_\_\_\_  
Month Day Year

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10. Education: (Arrange in sequence, listing your last attended institution first).

College or University and States in which located	Dates of Degree(s) attendance earned		Fields of specialization
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Positions held (Professional, scientific, teaching, military, administrative, etc.):

Name of institutions or organizations	Position title	Dates of Service (Month and Year)		Part-time	Full-time
		From	To		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. List any awards (scholarships, fellowships, honors, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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13. List memberships in honor and professional societies:

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14. Attach hereto a brief statement outlining your professional history and career objectives to date. Include statements concerning the goals you had at the beginning of your career and how they have evolved. (Attach additional pages)

15. Proposed Sabbatical Leave Program: (Attach additional pages)

- A. What you propose to do? Describe the nature, scope, and objectives of your proposed activities. Include course names (if any) and research topics (if any).
- B. How and to what extent your program is likely to enhance your competence as a faculty member and/or the University's academic image?
- C. Where, when and with whom (major professor, advisor, etc.) (if any) you plan to conduct your program?

NOTE: Evaluation of the application is based primarily on the sabbatical program presented. This program should state clearly the anticipated gains expected by the applicant in his/her development as a university teacher or scholar. Not only a listing and description of such things as course work, research, independent study etc., but also an explanation as to the expected benefits to the applicant and to the University should be presented. Please be thorough.