FACULTY DEVELOPMENT COMMITTEE
APPLICATION FOR A TROY UNIVERSITY
SABBATICAL LEAVE

APPLICATION DUE DATES:

January 15th for a leave beginning Fall Semester
April 1st 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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Application for Troy University Sabbatical Leave

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

_______________________
Chairman, Faculty
development Committee

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

_______________________
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 15th)
   _____ Spring Semester (application due April 1st)

   (Indicate the exact dates of your leave) Begin: _____ Month _____ Day _____ Year
   End:    _____ Month _____ Day _____ Year
10. **Education**: (Arrange in sequence, listing your last attended institution first).

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<th>College or University and States in which located</th>
<th>Dates of Degree(s) attendance</th>
<th>Fields of specialization</th>
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11. **Positions held (Professional, scientific, teaching, military, administrative, etc.):**

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<tr>
<th>Name of institutions or organizations</th>
<th>Position title</th>
<th>Dates of Service (Month and Year)</th>
<th>Part-time</th>
<th>Full-time</th>
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12. **List any awards (scholarships, fellowships, honors, etc.):**

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
13. List memberships in honor and professional societies:

__________________________________________________________________
__________________________________________________________________

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.