ST. LAWRENCE UNIVERSITY
REQUEST FOR FACULTY SABBATICAL AND/OR FYP LEAVE
ACADEMIC YEAR 2016-2017

Name:____________________________________  Phone____________________

Rank______________________________ Department________________________

Type of Last Leave____________________  Date of Last Leave________________

What were the professional outcomes of your last leave?

Type of requested leave for the 2016-2017 Academic Year:

_____ one year sabbatical (at half pay)

_____ one year sabbatical/FYP leave (one semester sabbatical and one semester FYP leave)

_____ one semester sabbatical (at full pay)  [_____ fall semester  _____ spring semester]

_____ one semester FYP leave (at full pay)  [______ fall semester  _____ spring semester]

_____ other, please explain:

Do you need to retain your office and/or desktop computer system while on leave? If so, please explain.

If you are requesting a sabbatical leave, please attach an account of the scholarly or creative work you intend to pursue and its expected outcomes.

Please submit the following items to your department chairperson/program coordinator:

- a completed copy of this form
- a current curriculum vitae
- your account of the scholarly or creative work you intend to pursue and its expected outcomes (for sabbatical leaves).
The department chairperson/program coordinator should respond to the following question, sign the form, and forward all materials to the Dean’s Office no later than Friday, June 12, 2015:

If you need to cover courses, how are you planning to do so?

Recommended by: ____________________________
Department Chairperson Date

Approved by: ____________________________
Academic Dean Date

Approved by: ____________________________
President Date