

MISSISSIPPI STATE UNIVERSITY
Academic Affairs

Application for Sabbatical Leave

NOTE: See AOP 13.06 Sabbatical Leave Policy

1. Full Name and Faculty Rank: _____

2. MSU ID# _____

3. Department and College/School: _____

4. Dates for which you are applying:

One semester (4-1/2 months), from _____ to _____
Select either: 08/16/___ to 12/31/___ or 01/01/___ to 05/15/___

Two semesters (9 months), from _____ to _____
Select: 08/16/___ to 05/15/___

5. Number of consecutive semesters employed by MSU: _____

Date of Employment: _____

6. Have you had another (other) Sabbatical Leave(s) at MSU? _____

If so, please give the date(s) _____

7. Since the purpose of the Sabbatical Leave is for self-improvement, please detail your plans for the project(s) you plan to pursue during the period of your leave. Be specific, giving places, times, and expected accomplishments

8. With the expectation that what you have learned will be of value to colleagues or students, how do you plan to share what you have learned with your colleagues or students? Again be specific. (Attach extra pages as needed.)

(a) Teaching

(b) Research

(c) Other

9. Please give any other information which you consider pertinent to this application.

10. IF SABBATICAL LEAVE IS APPROVED, DO YOU ACCEPT ALL STIPULATIONS IN BOARD "REGULATIONS FOR FACULTY MEMBERS SEEKING TO QUALIFY FOR SABBATICAL LEAVE (HOUSE BILL NO. 913, REGULAR SESSION, 1958)"?

Yes _____ No _____

Date: _____ Signed: _____

Salary: \$_____ Check one: () 9 month or () 12 month

SALARY FOR PERIOD (one or two semesters) WILL BE \$_____

SOURCE OF FUNDS WILL BE – List Banner Account Number:

Recommended by:

Department Head _____ Date

Dean or Director _____ Date

Vice President _____ Date

Provost and Executive Vice President _____ Date

APPROVED:

President _____ Date