Winthrop University
College of Visual and Performing Arts

Application for Sabbatical Leave

University policy concerning the granting of Sabbatical Leave, is stated on this webpage: www2.winthrop.edu/public/policy/fullpolicy.aspx?pid=248.

If you plan to apply for a sabbatical, review the Winthrop University policy including the eligibility and other requirements for sabbatical leave.

Deadlines for Sabbatical Leave Applications are as follows:

For Sabbatical Leave to be taken Fall 2018 or next academic year (2018-2019):
- By Fri. Oct. 6 - Talk with your Department Chair and Dean before developing the application for sabbatical.
- By Wed. Oct. 11 – Complete this form and submit it to your Department Chair.
- By Wed. Oct. 25, 9 a.m. – Submit your application to your Department Chair as described in the Winthrop Sabbatical Leave Policy (link above).

For Sabbatical Leave to be taken Spring 2019 semester or next calendar year (Jan.-Dec. 2019):
- By Fri. Feb. 16 - Talk with your Department Chair and Dean before developing the application for sabbatical.
- By Fri. Feb. 23 – Complete this form and submit it to your Department Chair.
- By Wed. March 7, 9 a.m. – Submit your application to your department chair as described in the Winthrop Sabbatical Leave Policy (link above).

Sabbatical requests made at other times during the year may be considered depending on circumstances.

Name_____________________________________________________

Rank________________________________Department___________________________

Number of years at Winthrop as a full-time faculty member________________________

Academic year of last Sabbatical leave, if applicable________________________

Time Frame of Requested Leave:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Spring 20___</th>
<th>Fall 20___</th>
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<tbody>
<tr>
<td>Full-year</td>
<td>Academic Year: 20___ - 20___</td>
<td>Calendar Year: 20___</td>
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Please indicate below how the leave would be used to further your professional development (research, formal study, or other pertinent activity that might enhance your competency as a faculty member). Use additional pages if necessary.

Applicant's Signature_________________________________________ Date of Application_________________