

UNIVERSITY OF MIAMI



PROPOSAL FOR SABBATICAL LEAVE

Please submit this completed proposal form and all supporting documentation, along with one photocopy of the package to your Chair/Dean for consideration. All proposals for sabbatical leave must be approved by the Dean and the Executive Vice President and Provost.

1. Name: _____
2. Department: _____ Rank: _____
3. Date of initial appointment at University of Miami: _____
4. Dates of last sabbatical leave taken (if applicable): _____
5. Date sabbatical report received (if applicable): _____
6. Sabbatical leave is requested from: Begin: _____
End: _____
7. Source and amount of outside funding:
 - a) Extramural Sources: _____
 - b) Intramural Sources: _____
8. Please attach the following:
 - a) Detailed plan of activity during Sabbatical Leave.
 - b) Updated curriculum vitae in standard University of Miami format.
 - c) Letter of recommendation from Department/Division Chair.
 - d) Letter of recommendation from Dean.
9. Commitments to the University of Miami:

In accepting Sabbatical Leave, I recognize my obligation to return to the University of Miami for one year following the leave. Within three months of my return, I will submit a report of my activities to my Department Chair and the Dean.

Approval Signatures:

Faculty Signature

Date

Chair Date

Dean Date

Provost Date