

**Fort Lewis College**  
**Application for Sabbatical Leave 20\_\_-20\_\_**

---

Name and Rank of Applicant

---

School/Department

---

Date of last sabbatical

Term of sabbatical requested (select only one):

AY\_\_\_\_\_ FALL 20\_\_\_\_\_ SPRING 20\_\_\_\_\_

*After six years of service to Fort Lewis College on regular full-time appointment, a tenured member of the faculty shall be eligible for a sabbatical assignment. It is expected that the faculty member w*



## SABBATICAL PLAN

Title of Sabbatical Plan: \_\_\_\_\_

---

The following information be provided by each faculty member applying for a sabbatical assignment. Please complete the following questions:

- (1) Describe your project's academic objectives, including the contribution to your professional growth and expertise.







**STATEMENT BY COLLEGE-WIDE PERSONNEL COMMITTEE**

Please include an assessment of the sabbatical Plan

\_\_\_\_\_  
College Personnel Committee Chair's Signature

\_\_\_\_\_  
Date

Approved as noted:

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date