

**FACULTY DEVELOPMENT COMMITTEE
APPLICATION FOR A TROY UNIVERSITY
SABBATICAL LEAVE**

APPLICATION DUE DATES:

January 15th for a leave beginning Fall Semester
April 1st for a leave beginning Spring Semester

I certify that the information included in this form is true and correct. I also agree to make a written report in reasonable detail concerning the achievement accomplished while on leave. (The report is due within three months after the end of the leave).

Name _____
Signature of applicant

I recommend that this application be (approved, disapproved).

Supervisor/Department Chair's signature

(NOTE: If approved, please attach a letter of recommendation to support the applicant and an explanation of arrangements which are contemplated and what budgetary adjustments (if any) will be required to maintain the departmental program during the applicant's absence. If you have more than one applicant from your college, please indicate the maximum number of people you can allow to be on leave. If disapproved, please attach a letter of explanation and forward the application to the current chair of the Faculty Development Committee. See website <http://www.troy.edu/facultydevelopment>.

I recommend that this application be (approved, disapproved).

Dean's signature

(If disapproved, please attach a letter of explanation and forward to Chair of the Faculty Development Committee.)

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I recommend that this application be (approved, disapproved).

Chairman, Faculty
Development Committee

I recommend that this application be (approved, disapproved).

Provost

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10. Education: (Arrange in sequence, listing your last attended institution first).

College or University and States in which located	Dates of Degree(s) attendance	earned	Fields of specialization
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Positions held (Professional, scientific, teaching, military, administrative, etc.):

Name of institutions or organizations	Position title	Dates of Service (Month and Year) From To		Part-time	Full-time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. List any awards (scholarships, fellowships, honors, etc.):

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13. List memberships in honor and professional societies:

14. Attach hereto a brief statement outlining your professional history and career objectives to date. Include statements concerning the goals you had at the beginning of your career and how they have evolved. (Attach additional pages)

15. Proposed Sabbatical Leave Program: (Attach additional pages)

- A. What you propose to do? Describe the nature, scope, and objectives of your proposed activities. Include course names (if any) and research topics (if any).
- B. How and to what extent your program is likely to enhance your competence as a faculty member and/or the University's academic image?
- C. Where, when and with whom (major professor, advisor, etc.) (if any) you plan to conduct your program?

NOTE: Evaluation of the application is based primarily on the sabbatical program presented. This program should state clearly the anticipated gains expected by the applicant in his/her development as a university teacher or scholar. Not only a listing and description of such things as course work, research, independent study etc., but also an explanation as to the expected benefits to the applicant and to the University should be presented. Please be thorough.