Department Statement

Faculty Member:			
College:		Department:	
Requested term of leave:	Fall	Spring	AY/ or Two-semester
			cossible affects on the curriculum and the cal leave. It is not a letter of support.
What are the possible granted a sabbatical		urriculum and operation of the	department should the faculty member be
How will the department member be granted			peration of the department should the faculty
3. Is there any other inf	formation you wou	ld like to provide?	
Department Chair (Please P	rint)	_	 Date