

University of Rhode Island
Office of the Provost and Vice President for Academic Affairs

FACULTY REQUEST FOR SABBATICAL LEAVE

Name _____ Rank/Title _____

College _____ Department _____

Period of Leave (**check one only**): Fall Semester _____ Spring Semester _____

Academic Year _____ Other _____
(specific dates, please)

Date of Initial Appointment at URI _____

Rank at Initial Appointment _____

Effective Date of Tenure _____ (must be effective prior to start of leave)

Types of Previous Leaves _____ Date _____
_____ Date _____

Number of years of FULL-TIME SERVICE at URI since returning from last sabbatical
Leave (partial years of service are not cumulative and cannot be counted) _____

Please see attached document for Sabbatical Criteria and Guidelines.

APPLICATIONS FOR SABBATICAL LEAVES (eight copies) SHOULD BE FORWARDED
TO THE DEAN BY SEPTEMBER 15 OF THE ACADEMIC YEAR PRECEDING THE
LEAVE.

Applicant's Signature

Date

REQUEST FOR SABBATICAL LEAVE, continued

The following section is to be completed by the Department Chairperson:

EVALUATION OF THE PROPOSAL (Include its worth and contribution to the department as well as the individual's growth)

Chairperson's
Recommendation: _____

Chairperson's Signature: _____ Date _____

Dean's Recommendation: _____

Dean's Signature: _____ Date _____
