

**MISSISSIPPI STATE UNIVERSITY**

Application for Sabbatical Leave

NOTE: See Personnel Office for a copy of sabbatical "Regulations."

1. Name: \_\_\_\_\_
2. Department and College/School: \_\_\_\_\_
3. Dates for which you are applying: one semester, from \_\_\_\_\_ to \_\_\_\_\_  
two semesters, from \_\_\_\_\_ to \_\_\_\_\_
4. Number of consecutive semesters employed by MSU: \_\_\_\_\_
5. Have you had another (other) Sabbatical Leave(s) at MSU? \_\_\_\_\_  
If so, please give the date(s) \_\_\_\_\_
6. Since the purpose of the Sabbatical Leave is for self-improvement, please detail your plans for the project(s) you plan to pursue during the period of your leave. Be specific, giving places, times, and expected accomplishments

7. With the expectation that what you have learned will be of value to colleagues or students, how do you plan to share what you have learned with your colleagues or students? Again be specific. (Attach extra pages as needed.)

(a) Teaching

(b) Research

(c) Other

8. Please give any other information which you consider pertinent to this application.

9. IF SABBATICAL LEAVE IS APPROVED, DO YOU ACCEPT ALL STIPULATIONS IN BOARD "REGULATIONS FOR FACULTY MEMBERS SEEKING TO QUALIFY FOR SABBATICAL LEAVE (HOUSE BILL NO. 913, REGULAR SESSION, 1958)"?

Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

SALARY FOR PERIOD WOULD BE \_\_\_\_\_

SOURCE OF FUNDS WILL BE \_\_\_\_\_

Recommended by:

Title

Signature

Date

Head, Dept. of \_\_\_\_\_

Dean or Director of \_\_\_\_\_

Vice Pres.      Ag. For.      Bus. Aff.

                    Stu. Aff.      Resch. \_\_\_\_\_

Vice Pres. Academic Affairs      \_\_\_\_\_

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APPROVED:

President: \_\_\_\_\_