

**MISSISSIPPI STATE UNIVERSITY
Academic Affairs**

**Application for Sabbatical Leave
2019-2020**

NOTE: See AOP 13.06 Sabbatical Leave Policy

1. Full Name and Faculty Rank: _____
2. MSU ID# _____
3. Department and College/School: _____
4. Dates for Sabbatical Leave. Please check all that apply:
 - One semester (4-1/2 months)
 - 08/16/2019 to 12/31/2019 or 01/01/2020 to 5/15/2020
 - Two semesters (9 months)
 - 08/16/2019 to 05/15/2020
5. Number of consecutive semesters employed by MSU: _____
Date of Employment: _____
6. Have you had another (other) Sabbatical Leave(s) at MSU? _____
If so, please give the date(s) _____
7. 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

8. 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

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

10. 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: _____

To be completed by Departmental Budget Manager

Salary: \$ _____ Check one: () 9 month or () 12 month

Salary for Period (one or two semesters) _____

Source of Funds – *List Banner Account Number:*

Recommended by:

Department Head

Date

Dean or Director

Date

Vice President

Date

Provost and Executive Vice President

Date

APPROVED:

President

Date