

MISSISSIPPI STATE UNIVERSITY
Academic Affairs

Application for Sabbatical Leave
Academic Year 2022-2023

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)

08/16/2022 to 12/31/2022 or 01/01/2023 to 5/15/2023

Two semesters (9 months)

08/16/2022 to 05/15/2023

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: _____

<p style="text-align: center;">To be completed by Departmental Budget Manager</p> <p>Salary: \$ _____ Check one: () 9 month or () 12 month</p> <p>Salary for Period (one or two semesters) _____</p> <p>Source of Funds - <i>List Banner Account Number:</i></p> <p>_____</p> <p>_____</p>

Recommended by:

Department Head _____
Date

Dean or Director _____
Date

Vice President _____
Date

Provost and Executive Vice President _____
Date

APPROVED:

President _____
Date