

**(#1) FACULTY SABBATICAL APPLICATION, 2018-2019**  
**DUE DATE: October 2, 2017\***

\_\_\_\_\_ ONE SEMESTER ONLY \_\_\_\_\_ (Fall, 2018) or \_\_\_\_\_ (Spring, 2019)  
(Also complete the *Supplement* form [#2])

\_\_\_\_\_ TWO SEMESTERS ONLY (Fall, 2018 and Spring, 2019)

NAME \_\_\_\_\_ EMPL ID \_\_\_\_\_

DEPARTMENT/SCHOOL \_\_\_\_\_

COLLEGE/SCHOOL \_\_\_\_\_ EMAIL \_\_\_\_\_

PRESENT RANK \_\_\_\_\_ JOB CODE \_\_\_\_\_

DATE OF ORIGINAL APPOINTMENT \_\_\_\_\_

HAVE YOU HAD A SABBATICAL AT FLORIDA STATE UNIVERSITY? Yes \_\_\_\_\_ No \_\_\_\_\_

NUMBER OF YEARS SINCE LAST SABBATICAL \_\_\_\_\_

(Only *tenured* faculty members may apply for a sabbatical. A faculty member is not normally eligible for another sabbatical until she or he has completed at least six years of full-time service following the previous sabbatical leave. Faculty members may apply or re-apply at the beginning of the 6th year of service for a sabbatical to be effective the 7th year.)

**Terms of Acceptance**

I agree to comply with the conditions of the Sabbatical Leave Program as set forth in the memorandum. These conditions include returning to the University for at least one academic year following the sabbatical and providing a written report to the Vice President for Faculty Development and Advancement within 60 days after the start of the next semester following my sabbatical leave. I understand my report must include information regarding the activities undertaken during the sabbatical, the results accomplished during the leave as they affect me and the University, and research or other scholarly work produced or expected to be produced as a result of the sabbatical. The reports for fall 2018 leave are due February 15, 2019, and the reports for spring 2019 leave (as well as 2-semester fall 2018/spring 2019 leave) are due October 4, 2019.

\_\_\_\_\_  
Signature of Faculty Member (digital is acceptable)

**RECOMMENDATION:**

APPROVAL \_\_\_\_\_ DISAPPROVAL\* \_\_\_\_\_ \*(State reasons on back of form.)

\_\_\_\_\_  
Signature of Department Chair/School Director

\_\_\_\_\_  
Date

APPROVAL \_\_\_\_\_ DISAPPROVAL\* \_\_\_\_\_ \*(State reasons on back of form.)

\_\_\_\_\_  
Signature of College Dean/School Director

\_\_\_\_\_  
Date

\*Departments and/or colleges may have different deadlines. Completed applications will only be accepted from the dean's office and will only be accepted as one (1) .pdf file per application to Ms. Melissa Crawford at [mucrawford@fsu.edu](mailto:mucrawford@fsu.edu).