

**FACULTY SABBATICAL APPLICATION, 2018-2019**  
**#2 - Supplement**

I WILL ACCEPT A TWO SEMESTER SABBATICAL AS MY SECOND CHOICE IF ONE SEMESTER IS NOT AVAILABLE.    Yes \_\_\_\_\_    No \_\_\_\_\_

Name \_\_\_\_\_

Department/School \_\_\_\_\_

College/School \_\_\_\_\_

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

**RECOMMENDATION:**

APPROVED \_\_\_\_\_                  DISAPPROVED \_\_\_\_\_

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

\_\_\_\_\_  
Date

APPROVED \_\_\_\_\_                  DISAPPROVED \_\_\_\_\_

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

\_\_\_\_\_  
Date