FSU | OFFICE OF FACULTY DEVELOPMENT & ADVANCEMENT

SUPPLEMENT FACULTY SABBATICAL APPLICATION FORM 2027-2028

I WILL ACCEPT A TWO-SEMESTER SABBATICAL AS MY SECOND CHOICE IF I AM NOT SELECTED FOR A ONE SEMESTER SABBATICAL: Yes ☐ No ☐

Name_____

Department/School _____

College _____

_____ _____

Signature of Faculty Member (digital is acceptable) Date

RECOMMENDATION: (This section is NOT needed if the above answer is "No.")

APPROVED ☐ DISAPPROVED* ☐ *(add reason and attach)

_____ _____

Signature of Department Chair/School Director Date

APPROVED ☐ DISAPPROVED* ☐ *(add reason and attach)

_____ _____

Signature of College Dean Date