

**FACULTY SABBATICAL APPLICATION, 2024-2025  
#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: \*\*Signatures are not needed if the above answer is "no."**

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date