

**Office of the Provost
Drexel University
Philadelphia, Pennsylvania 19104**

Cover Page for Sabbatical Leave Proposal

(Please print or type)

Name: _____

Current academic rank: _____

Department: _____

College: _____

Office phone: _____

e-mail address: _____

Academic year in which you were granted tenure: _____

Type of sabbatical requested:

____ Full-year

____ One semester (check one: F ____ Sp ____)

____ Two quarters (check one: F/W ____ W/Sp ____ Sp/Su ____)

____ Please check here if any previous sabbatical leaves have been received and indicate which AY year(s): _____

____ Please check here if there is any proposed affiliation or visitorship. If so, please provide the following information:

Name of institution: _____

Location of institution: _____

Name of approving authority: _____

Names of primary colleagues, if any, with whom you will be working:
