



DREXEL UNIVERSITY

Office of the

Provost

**Sabbatical Intention to  
Apply AY 2024/2025**

Name:

Academic Rank:

College/School:

Department:

E-mail Address:

Please indicate the academic year in which you were granted tenure:

Type of sabbatical being requested (*please check one*):

Full academic year: \_\_\_\_\_

Two quarters (*check one*): F/W\_\_\_ W/Sp\_\_\_ Other (*please specify*): \_\_\_\_\_