

**Applicant's Name:**

---

**ST. CLOUD STATE UNIVERSITY  
APPLICATION FOR SABBATICAL LEAVE (FACULTY)**

**Name:**

**Department/Unit:**

**College/School:**

**First semester and year at SCSU:**

**Date Tenured:**

**Dates of previous sabbatical leaves:**

**Length of sabbatical requested:**

- ☐ One semester at full pay: semester                      year  
☐ One year at 80% of base salary: semester\*                      year

\*At the request of a faculty member, and with the written approval of the President/designee, a spring semester-fall semester sabbatical may be granted at 80% of base salary

**Applying category:** *(Please check seniority roster. Add one year to include current year if current assignment is full time; appropriate percentage FTE if part time)*

**Contractual sabbatical**

- a) (i) ☐ After a year of service following an initial award of tenure OR  
(ii) ☐ After completion of 10 years of service: # of years  
b) ☐ 10 years or more since conclusion of previous sabbatical leave: # of years

**Discretionary sabbatical**

- c) ☐ At least 7 years of service at university: # of years  
d) ☐ At least 6 years since conclusion of previous sabbatical leave: # of years

**Project Summary** (Describe the sabbatical project being proposed in 3-5 sentences)

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**OFFICE USE ONLY**

The above information is verified by

Human Resources office: \_\_\_\_\_ (initials) \_\_\_\_\_ (date)

Provost's Office: \_\_\_\_\_ (initials) \_\_\_\_\_ (date)

## Applicant's Name:

1. **Project Overview.** What, generally, is the sabbatical project being proposed?
2. **Project Need.** How does the sabbatical project meet the faculty member's professional development needs and Article 22 goals?
3. **Project Goals.**  
What specific goals does the project have?
4. **Project Strategy.** How is the faculty member planning to approach the project? How does the approach reflect appropriate professional practices for scholarship, research, creative work, professional study, professional endeavors, or professional service?
5. **Project Outcomes and Benefit to the Applicant, Department, and University.** What specifically will be the final product(s) or outcome(s) of the projects? How will the final outcomes benefit the applicant, department, and university?
6. **Contingency Plan.** If sabbatical plan is contingent on acceptance by an organization or program (Semester at Sea, Fulbright Scholar, etc.), include an acceptable alternative sabbatical plan in case the original plan does not materialize.
7. **External Funding.** If the sabbatical project will be supported by external funds or grants, identify any outside sources of funding and indicate if the sabbatical project is contingent on such funds.
8. **Demand for SCSU Resources.** If the sabbatical project demands any *additional* resources (other than office, computer and file/web space, phone, email, library resources, and Professional Development funds) from SCSU, what are those demands? Indicate if the sabbatical project is contingent on such resources.
9. **Sabbatical Leave at Another Institution.** Will the faculty member be at another institution during sabbatical? Has that institution committed to supporting the sabbatical project? Address the following issues as appropriate in separate appendices.
  - a. **Statement of Intent.** Attach a statement of intent from the host or supporting institution documenting support for the project, including resource commitment.
  - b. **Project Approval.** Document proof that the host has received and approved the project proposal.
  - c. **Information about Host Institution.** Provide information about the host or supporting institution, including such information as the unit and individuals who would participate in the project.

## Applicant's Name:

### SABBATICAL LEAVE APPLICATION FORM – SIGNATURE FORM

The applicant is responsible for collecting the first three signatures listed below prior to submission.

1. Department Evaluation Committee: ☐ Recommend ☐ Do not recommend  
Comments:

Date: \_\_\_\_\_ Chairperson

2. Department Chairperson: ☐ Recommend ☐ Do not recommend  
Comments:

Date: \_\_\_\_\_ Chairperson

Department of \_\_\_\_\_

3. Academic Unit Dean/Director: ☐ Recommend ☐ Do not recommend  
Comments:

Date: \_\_\_\_\_ Dean/Director  
Academic Unit \_\_\_\_\_

#### DO NOT COLLECT THE FOLLOWING TWO SIGNATURES PRIOR TO SUBMISSION:

4. Professional Development Committee: ☐ Recommend ☐ Do not recommend  
Comments:

Date: \_\_\_\_\_ Chairperson

5. Provost/Academic Vice President: ☐ Approved ☐ Not approved  
Comments:

Date: \_\_\_\_\_ Provost/VP for AA

**Applicant's Name:**

**SABBATICAL APPLICATION EVALUATION FORM**

If the answer is “no” to any of the following questions, there will be no evaluation of the proposal’s quality, and the application will be returned to the applicant.

Is the application complete? ☐ Yes ☐ No

Have all the signatures been obtained? ☐ Yes ☐ No

**Application Evaluation:**

	<u>Low</u>				<u>High</u>	
1. Overview	0	1	2	3	4	5
2. Need	0	1	2	3	4	5
3. Goals	0	1	2	3	4	5
4. Strategy	0	1	2	3	4	5
5. Outcomes & Benefits to the Applicant, Department & University	0	1	2	3	4	5
6. Application follows the guidelines, including formatting, name, page numbers, etc.	0	1	2	3	4	5

Total Points \_\_\_\_/ 30

The proposal must earn an aggregated average score of 18 points (60%) for the committee to recommend that sabbatical leave be granted and for the proposal to be ranked with other recommended proposals.

**Comments:**