

# **ST. CLOUD STATE UNIVERSITY**

## **SABBATICAL LEAVE REPORT (FACULTY)**

**(Please complete and submit this report to your dean within two months of completion of sabbatical leave.)**

Name:

Date:

Sabbatical Leave Period:

I. Brief summary of leave:

II. Achievements (list course work completed; publications, research, et. al.)

III. Assessment of value of sabbatical leave (benefits; faculty development; future professional activities...)

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Dean's Comments:

Met conditions of sabbatical: \_\_\_\_\_ Yes \_\_\_\_\_ No

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Dean's Signature

Provost/Vice President's Comments:

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Provost/Vice President's Signature

Upon completion of the provost/ vice president's review, copies will be sent to each of the following: faculty member, department chair, college dean, chair of SCSU Faculty Association's Professional Improvement Committee, Human Resources Office.

Academic Affairs  
12/13  
Revised  
08/25