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|  | *Office of Faculty Affairs* |
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| **REQUEST FOR SABBATICAL POSTPONEMENT/ADJUSTMENT** |
| **FACULTY NAME:**  **DEPARTMENT:  COLLEGE OR SCHOOL:**  **RANK:**  **CURRENT SABBATICAL ELIGIBILITY YEAR :**    **REQUEST TO CHANGE FROM**  **to**  **(ACADEMIC YEAR)**  **(ACADEMIC YEAR)**    **\*REQUEST TO CHANGE TERM FROM:** **to**  **ACADEMIC YEAR/CALENDAR YEAR ACADEMIC YEAR/CALENDAR YEAR**  **FALL/SPRING FALL/SPRING**  **\*Pre-tenure sabbaticals are limited to one semester.**  **REASON FOR REQUEST (if additional space is needed, please attach a separate sheet):**    **Faculty Member Signature Date**    **Department Chair Signature Date**    **Dean Signature Date**  **Dean Comments:**  If additional space is needed, please attach a separate sheet.  **Routing Procedure:** Faculty member should forward their completed form to their Department Chair.  **Department Chair** signs and forwards the form to the Dean. Dean signs and forwards the form to the Office of the Provost at [jasmine.robinson@lmu.edu](mailto:jasmine.robinson@lmu.edu). Upon final approval, the Office of the Provost will send a letter of approval. |