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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. Upon final approval, the Office of the Provost will send a letter of approval. |