REQUEST FOR SABBATICAL POSTPONEMENT/ADJUSTMENT

FACULTY NAME: ____________________________

DEPARTMENT: ____________________________ COLLEGE OR SCHOOL: ____________________________

RANK: ____________________________

CURRENT SABBATICAL ELIGIBILITY YEAR: ____________________________

REQUEST TO CHANGE FROM ____________________________ to ____________________________ (ACADEMIC YEAR)

REQUEST TO CHANGE TERM FROM: ____________________________ to ____________________________

ACADEMIC YEAR/CALENDAR YEAR FALL/SPRING

*REQUEST TO CHANGE TERM FROM: ____________________________ to ____________________________

ACADEMIC YEAR/CALENDAR YEAR FALL/SPRING

*Pre-tenure sabbaticals are limited to one semester.

REASON FOR REQUEST (if additional space is needed, please attach a separate sheet):

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__________________________________________________________________________________________

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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.