Name of Applicant: ___________________________ Department: ________________

The Sabbatical Leave Committee relies upon your input in evaluating sabbatical leave proposals. Please make specific comments regarding this proposal that would be helpful to the committee.

DIVISION (Please print)___________________________________________________

DIVISION DEAN (Please print)____________________________________________

1. Comments (attach letter if necessary):

2. Plan for replacement (generally hourly, unless there are extenuating circumstances).

   The plan for replacement has been jointly approved by the Department Chair(s) and Dean(s).

   Yes ______ No _____

3. Can department continuity and class continuity be assured under this plan?

   __________________________________________

DIVISION DEAN SIGNATURE          DATE

** If the applicant teaches in more than one department, the approvals of the appropriate Department Chair(s) and Dean(s) are required.