

Division Dean(s)**

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.