

# REQUEST FOR SABBATICAL LEAVE

*Academic Year 200 - 200*

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Name \_\_\_\_\_ Division \_\_\_\_\_

1. Type of sabbatical:          \_\_\_\_\_ Full Year                                  \_\_\_\_\_ Fall Semester Only  
                                          \_\_\_\_\_ Spring Semester Only                                  \_\_\_\_\_ Other (Explain)

2. Give a detailed description of the project(s) to be carried out including expected outcomes (additional pages may be attached):

**3. What are the benefits of sabbatical for:**  
**a) Faculty member-**

**b) Indiana University East-**

**4. If you are seeking funding support from other sources, please list those sources and indicate how IU East may be of assistance.**