

REQUEST FOR SABBATICAL CHANGE FORM

1. Describe the change being requested.
2. Provide justification for this change.
3. What is the impact of this change to your program and/or division?

Requested by:

Faculty Member

Date

Approved Not Approved

Program Chair

Date

Approved Not Approved

School Director

Date

Approved Not Approved

Provost

Date

Please forward completed form to the Academic Resource Officer, Stacy Shaver, in the Provost's office to be uploaded into Faculty Success and for inclusion in the faculty member's Human Resources' personnel file.