MARLBORO COLLEGE

APPLICATION FOR SABBATICAL AND LEAVE OF ABSENCE
Or

NOTICE OF INTENTION TO APPLY FOR SABBATICAL AND LEAVE OF ABSENCE

Applications for Sabbaticals and Notices of Intention to Apply for Sabbatical are due October 15th to the Dean of Faculty. Please Note: *You must submit a formal Application for Sabbatical even if you have previously submitted a Notice of Intention to Apply for Sabbatical.*

NAME:_____

_____Application for a Sabbatical for Fall_____ Spring_____

OR

_____Notice of Intention to Apply for a Sabbatical for: Fall_____ Spring_____

If you are also applying for a Leave of Absence Without Pay to the President, please indicate which semester(s):

Fall_____ Spring_____

1. **Please attach a written statement describing what you plan to do and accomplish during the Sabbatical, if granted. Note if your plans are contingent on also being granted a Leave of Absence Without Pay.**

2. **Please list your advisees and your recommendations for colleagues who may serve as an interim advisor in your absence.**

In order to coordinate coverage of **your curriculum** while you expect to be away, please list below:

1. **Students requiring tutorials and the topic of such tutorials** (If you need more space please attaché additional sheets with the required information**)**

Semester Student Plan Student (Yes/No) Topic

_____

_____

_____

_____

_____

2. **Courses that should be taught, and whether you may have made arrangements with colleagues for coverage** (If you need more space attach additional sheets with the required information)

Semester:

Course:

Coverage arranged? _____Yes _____No (If "yes" please provide details of coverage. If "no" indicate whether you have had discussions of potential options with colleagues.)

Semester:

Course:

Coverage arranged? _____Yes _____No (If "yes" please provide details of coverage. If "no" indicate whether you have had discussions of potential options with colleagues.)

Semester:

Course:

Coverage arranged? _____Yes _____No (If "yes" please provide details of coverage. If "no" indicate whether you have had discussions of potential options with colleagues.)

Semester:
Course:
Coverage arranged? _____Yes _____No (If "yes" please provide details of coverage. If "no" indicate whether you have had discussions of potential options with colleagues.)

Semester:

Course:

Coverage arranged? _____Yes _____No (If "yes" please provide details of coverage. If "no" indicate whether you have had discussions of potential options with colleagues.)

3. **Any other relevant information about coverage of your curriculum that is not adequately described in #2 and #3 above**: (If you need more space please attach additional sheets)

Sabbatical approved

for: Fall '_____ Spring ' ____

Date: _____ by _____ for the Curriculum Committee

Comments: _____

_____

_____

Leave approved

for: Fall '_____ Spring ' ____

Date: _____ by_____
(President)

Comments: _____

_____