**IDAHO STATE UNIVERSITY**

**Kasiska Division of Health Sciences**

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| **Dept./College/School** |  |

**Application for Sabbatical Leave**

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| **Name of Applicant:** |  |

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| --- | --- |
| **Title of Applicant:** |  |

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| --- | --- |
| **Department:** |  |

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| --- | --- | --- | --- |
| **E-mail:** |  | **Phone Number:** |  |

|  |  |
| --- | --- |
| **Date of original hire:** |  |

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| **Years of service to ISU (if not continuous, please explain):** |  |
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| --- | --- |
| **Date(s) of previous sabbatical leave(s):** |  |

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| --- | --- |
| **Period of this leave (month/year to month/year):** |  |

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| **Projected amount and source of external funding to support this sabbatical leave (if any):** |
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| **Contingency plan in the event that external funding is not received:** |
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| **Sites or localities where leave will be spent (List expected dates for all proposal sites):** |
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1. **Summary of Sabbatical**

**Please summarize what your aims and objectives are and what you hope to accomplish during your sabbatical leave.**

1. **Anticipated Benefits**

**What are the benefits of this proposal to the individual, department, college, university? What are the benefits of this proposal for teaching, research, professional service, community service?**

**SIGNATURE OF APPLICANT**

**I accept and will conform to all institutional provisions and policies concerning sabbatical leaves and agree to notify the Provost and Vice President for Academic Affairs, the Vice President for Health Sciences, the department Chair/Director, and the KDHS Executive Council of any proposed deviations from them.**

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| **Applicant Signature** |  | **Date** |

**Include the following items with the application:**

1. **Recommendation of your chair or program director where applicable.**
2. **Curriculum Vitae**