Washtenaw Community College
Faculty Sabbatical Leave Application

Name:_____   **Date**:_____

Department: _____

Type of Sabbatical: ☐Full   ☐ Less than 15 weeks (inclusive dates: _____to_____)

Semester: ☐ Fall   ☐ Winter   ☐Spring   ☐Summer   20_____
_____

Directions: Please complete each of the three items below. Each response will be awarded from 1-3 points by each reviewer on the Sabbatical Committee. As noted in the *Master Agreement* (section 0809.5), "The merit of the applicant's proposal will solely govern the [Sabbatical] Committee's decision." The primary criterion used in evaluating proposals is the degree to which the sabbatical "will improve the service of the faculty member to the College" (*MA*, section 0809.1). All sabbatical leaves recommended by the Sabbatical Committee are subject to approval by the WCC Board of Trustees.

1. Overview. In a paragraph, describe your proposed sabbatical activities or project.

2. List the objectives of the proposed sabbatical leave, indicating for each objective the means by which it will be accomplished.

3. Explain the value of the sabbatical to your professional growth, as well as how it will improve your service to the College.

4. Explain how the results of the sabbatical will be communicated to the WCC educational community, beyond the required summary report. Those who are awarded sabbatical leaves are expected to present a summary of their experiences to the Board of Trustees, and to their department.

5. Briefly describe the timeline for your proposed sabbatical activities or project.

Please provide the following additional information.

Indicate the destinations, dates, and reasons for any travel related to the sabbatical. Include any educational institutions you will visit.

List the titles, credit hours, and sponsoring institution for any courses you will take.

Indicate the amount of any additional funding needed to support your sabbatical, and the source of these funds. Approval of the sabbatical proposal does not imply the provision of any additional funding from WCC.

Explain any preparatory work you have already initiated in order to pursue your sabbatical leave.

_____

_____   _____
Faculty Member's Signature   Date

_____   _____
Dean's Signature   Date

Forward the completed application to the Office of Human Resource Management.