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| **Name:** Click here to enter text. **Department:** Click here to enter text.  |
| Instructions |  |
| A complete application for sabbatical leave in the College of Biological Sciences (CBS) includes:* This form outlining your project goals and how it is expected to impact your future teaching/research/service.
* Completed [Faculty Sabbatical Request form](https://policy.umn.edu/Forms/um-6) (UM 6)
* Curriculum Vitae
* Letter of Recommendation from Department Head (must explain how teaching will be covered)

Due February 10, 2025Completed applications should be routed to the Associate Dean for Faculty (gralnick@umn.edu). |
| Length of Sabbatical |
|   [ ]  Full year/academic year |  [ ]  One semester |
| **Salary Supplement Requested:** [ ]  Yes [ ]  No | N/A |
| **Amount of Supplement** **Support Requested:** Click here to enter text.(up to 30% of your base salary, not to exceed $30,000) | N/A |
| Teaching Responsibilities |
| **Fulfillment of Teaching Responsibilities:** (Please indicate your teaching assignment for the period of the leave and explain how you and your department head have determined that it will be covered during your absence. You do not need to name specific substitutes, but saying that “a suitable replacement will be found” is insufficient.)Click here to enter text. |
| Project Information |
| **Project Title:**Click here to enter text. |
| **Project Abstract:**(300 words or less)Click here to enter text. |
| **Project Impact:**(300 words or less, discuss the effects the proposed sabbatical project will have on your future contributions to the teaching, research, or service missions of your department)Click here to enter text. |
| **Special Arrangements:**Some sabbatical projects require resources from other institutions, such as access to equipment, computing facilities, libraries, museums, special collections, government and corporate archives, groups of scholars, or office space. If your project requires institutional resources beyond those that are routinely available to you at the University of Minnesota, describe the arrangements you have made to ensure that the necessary resources will be available to you.Click here to enter text. |
| Previous Leaves |
| **Please list any previous leaves you have had:**[Include date and brief description of the project and results (e.g. collaborations initiated, publications or proposals submitted, etc.)]Click here to enter text. |