NEW YORK INSTITUTE OF TECHNOLOGY

APPLICATION FOR SABBATICAL LEAVE

Name:	Applying Semester(s) Fall 20__ Spring 20 __
Department:	Start date at New York Tech:
Current Rank:	Effective Date of Rank:
Tenured: Yes or No	Effective Date of Tenure:

***Boxes will expand as needed*.**

If previous leave taken, list type and purpose:	Start Date: End Date:

Anticipated full address during the period of sabbatical:

Description of Project: Please provide a concise description of the intended sabbatical addressing the following: 1. Date that the project will begin. 2. Description of the project including current status, and any initial work that you have completed. 3. Names and locations of any authorities or institutions to be consulted during the project. 4. Locations at which the project will be conducted. 5. Expected completion date of the project. 6. Expected products of the project (publications, presentations, exhibits, etc.).

Qualifications and Preparation: Please provide a concise description of your qualifications for this project and your preparation for it.

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Career Development: Describe the relationship of the projects to your long-range professional objectives.

Benefits to New York Tech: Please describe how New York Institute of Technology will benefit from your involvement in this project.

Disclosure of External Compensation During Sabbatical Leave: List any salary, stipends, or other financial support you expect to receive from sources outside of NYIT during the proposed sabbatical leave period. Prior approval from the President is required for any such external compensation. If circumstances change and the actual financial support exceeds the amount reported in the sabbatical application, faculty are required to promptly notify the President.

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Assurances and Recommendations:

I agree to continue my position at New York Institute of Technology for at least one year following the expiration of my sabbatical leave. Additionally, I will submit a written report detailing my sabbatical activities within one month of my return, addressed to my Department Chair, Dean, and the Provost/Vice President for Academic Affairs.

_____ _____

Signature of Applicant Date

_____

Please Print

_____ Approve ☐ Not Approve ☐

Department Chair

_____ Approve ☐ Not Approve ☐

Dean, School/College

_____ Approve ☐ Not Approve ☐

Provost

Approval indicates that the signatory affirms that the work of the department in which the applicant serves can be so arranged as to be carried forward effectively during the period of the award and that the proposed study, research or work described in the application is consistent with New York Tech's sabbatical leave principles.

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