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**Sabbatical and Externally Funded Leaves**

 Faculty applicants: Please complete items 1 through 12 then email the form to both **your department chair** and to facultytravel@hendrix.edu.

 Department chairs: Please complete items 13 and 14 then email the form to facultytravel@hendrix.edu.

**A completed electronic copy of this form must be received**

**on or before the date indicated below to be considered for the next academic year.**

**Due date for faculty member: October 20, 2016**

**Due date for department chair: November 1, 2016**

1. Name: Click here to enter text.

2. Date: Click here to enter text.

3. Type of leave: Choose an item.

4. Duration of proposed leave: Choose an item.

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| --- |
| 5. Past Sabbatical and Externally Funded Leaves |
| Academic Year or Semester | Type of Leave |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

6. If you anticipate applying for a Faculty Project Grant, please estimate the amount you will be requesting:

Click here to enter text.

7. Project title: Click here to enter text.

8. Project abstract *(150 words or less; this abstract will be used for reports to the Board of Trustees and for communications from the college)*:

Click here to enter text.

9. Describe the activities and expected outcomes of the leave:

Click here to enter text.

10. Explain the proposal’s relationship to scholarly and professional development and the benefits to students, the faculty member, the department/program, and the College:

Click here to enter text.

\*11. Electronic Signature of Applicant Click here to enter text.

12. Date: Click here to enter a date.

**Department Chair section:**

13. Statement on the impact on the department and proposed arrangements for replacement staffing (completed after consultation with your department chair):

Click here to enter text.

\*14. Electronic Signature of Department Chair Click here to enter text.

15. Date: Click here to enter a date.

\*Typing your name and emailing the form constitutes your electronic signature. The Office of Academic Affairs should receive an email copy from **both** the applicant and the department chair.