

YESHIVA UNIVERSITY  
Office of the Provost

Application for Sabbatical Leave

Name of Applicant: \_\_\_\_\_

College/School: \_\_\_\_\_

Date of Prior Sabbatical Leave (if applicable): \_\_\_\_\_

Please specify the year and, when relevant, semester below.

I am applying for a sabbatical leave during:

\_\_\_\_\_ semester at full pay

\_\_\_\_\_ academic year at half pay

and under the conditions described below:

- I. Purpose of Leave: What is the scholarly, creative, professional, research or other academic activity in which you propose to engage during the leave? (Please attach a detailed description of these activities)
- II. At the conclusion of the leave, the faculty member shall return to Yeshiva University for a period at least equal to that of the sabbatical leave.
- III. Within three months after expiration of this leave, I will submit a written report of my activities to my dean and the Provost.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not applicable, indicated with N/A)

Dean's Recommendations: (Including considerations of University

Signature: \_\_\_\_\_ Date: \_\_\_\_\_