

RECOMMENDATION OF DEPARTMENT CHAIR / DIRECTOR:

Having reviewed the applicant's proposed leave plans for his/her sabbatical or DIP leave of absence, I recommend approval.

YES

NO

DEPARTMENT CHAIR / DIRECTOR

DATE

(Chair/Director: Attach a statement regarding the possible effect on curriculum and the operation of the department should the leave be granted.)

RECOMMENDATION OF COLLEGE / UNIT LEAVES COMMITTEE:

Having reviewed the applicant's proposed leave plans for his/her sabbatical or DIP leave of absence, we recommend approval.

YES

NO

COLLEGE / UNIT LEAVES COMMITTEE CHAIR

DATE

RECOMMENDATION OF DEAN / *VICE PRESIDENT FOR STUDENT AFFAIRS: (**for counselors only*)

I have reviewed the applicant's proposed leave plans for a sabbatical or DIP leave of absence, along with the recommendations of the Department Chair/Director and the College/Unit Leaves Committee. My recommendation is as follow:

APPROVAL:

Recommended (funded)

Not Recommended (not funded - reason selected below)

Not Meritorious

Budget Limitations

Curriculum and Operations

DEAN ^{OR}
VICE PRESIDENT FOR STUDENT AFFAIRS*
(**for counselors only*)

DATE

DECISION OF PROVOST / *PRESIDENT: (**for counselors only*)

Approved

Not Approved

PROVOST ^{OR}
PRESIDENT (**for counselors only*)

DATE