

**University of Miami School of Medicine
Office of Faculty Affairs**

APPLICATION FOR SABBATICAL LEAVE

Submit your application and all supporting information to your Chair for review. Chair must then forward this to the Senior Associate Dean of Faculty Affairs for recommendation to the Dean. Final approval rests with Provost.

1. Name: _____
2. Department: _____ Rank: _____
3. Date of initial appointment at the University of Miami: _____
4. Date of last sabbatical leave taken off (if applicable): _____
5. Sabbatical leave is requested from _____ Begin: _____
End: _____
6. Source and amount of outside funding:
a) Extramural Sources: _____
b) Intramural Sources: _____
7. Submit the following:
a) Detailed plan of activity during sabbatical leave.
b) Updated curriculum vitae in standard University of Miami format.
c) Letter of recommendation from Department Chair.
d) Recommendation from Dean or Designee.

8. Commitments to the University of Miami:

In accepting Sabbatical Leave, I recognize my obligation to return to the University of Miami for a minimum of one year of full-time faculty service following the leave. Within three months of my return, I will submit a report of my activities to my Department Chair and the Dean.

Signature of Applicant Date

Approval Signatures:

Chair Date

Senior Associate Dean, Faculty Affairs Date

Dean or Designee Date

Provost Date