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

2/2004