

RECOMMENDATION AND COMMENTS OF THE CAMPUS CHANCELLOR, IF APPROPRIATE:

Please include your assessment of the proposed project and the projected benefits.

Recommended

Not Recommended

Signature of Campus Chancellor

Date

RECOMMENDATION AND COMMENTS OF THE DEPARTMENT/DIVISION HEAD*:

Please include your assessment of the proposed project and the projected benefits.

Recommended

Not Recommended

Signature of the Department/Division Head

Date

RECOMMENDATION AND COMMENTS OF THE SABBATICAL COMMITTEE:

Please include your assessment of the proposed project and the projected benefits.

Recommended

Not Recommended

Signature of the Sabbatical Committee Chair

Date

RECOMMENDATION AND COMMENTS OF THE DEAN*:

Please include your assessment of the proposed project and the projected benefits.

Recommended

Not Recommended

Signature of the Dean

Date

RECOMMENDATION OF THE EXECUTIVE VICE PRESIDENT AND PROVOST OF THE UNIVERSITY:

Recommended

Not Recommended

Signature of the Executive Vice President and Provost of the University

Date

APPROVAL OF THE PRESIDENT OF THE UNIVERSITY:

Approved

Not Approved

Signature of the President of the University

Date

* For purposes of the form, the term "dean" includes the Senior Vice President for Research and vice president for Commonwealth Campuses. The term "department/division head" includes school, unit, institute, or facility directors (See Policy [AC17 Sabbatical Leave](#)).