Sabbatical Leave Evaluation Form

Applicant Name: Depar	rtment:			
Title: Date of Tenure Award:				
Date of initial appointment as an official faculty	member:			
Dates of previous sabbatical leave(s) and leave(s	s) without pay:			
Candidate meets eligibility requirements: Yes	s 🗌 No			
Period of sabbatical leave covered by application	n: 🗌 FA20 🗌 SP21 🗌 AY20 - 21			
Required Application Materials:	Included	Not Included		
• Abstract (>50 words):				
• Detailed Statement of Leave Plans: (Goals, objectives, & methodology used)				
• List of Affiliate Organizations:				
• Timeline/calendar of activities				
• Funding and alternate plan (if applicable	e) 🗆			
• Statement of anticipated outcomes				
Supporting Bibliography				
• Two Peer Review Letters (one off camp	us):			
• Curriculum Vitae (max 6 pages):				
• Chair Evaluation Letter:				
• Statement of Intention to Return to BSU	J: 🗆			
• Dean Approval/Signature:				
Chair Approval/Signature:				

Instructional Replacement Costs Requested:

Evaluation

Check mark whether the applicant satisfied each component

		Satisfied	Incomplete
1.	Application properly formatted		
2.	Adequacy of description and goals		
3.	Timetables and availability of materials		
4.	Ability of individual to compete the project: Background, previous experience, personal bibliography		
5.	Value of the project is identified, with regards to: a. To students b. To University c. The community		
6.	Letters of Evaluation: Note: At least one letter must come from off campus. If applicable, a letter from the affiliated organization specifying the nature of the arrangement must be included (if this letter is used as affiliate support, it must meet the requirements specified in II.C.4) a. Peer one b. Peer two c. Department Head/Chair (or Dean if applicant is Chair)		
7.	Availability of funding		