

Application for Sabbatical and Sabbatical Supplement

Planned Leave Year: _____

Name:

Title and department:

PBX: Email:

Project or Research Title:

Are you applying for a **sabbatical supplement**? yes no
(Granted for full-year sabbaticals only.)

Full year sabbatical or one semester fall spring

Have you applied for or received outside funding? yes no

Please return this form and your research plan proposal to Michelle Foster electronically at fosterm@kenyon.edu. A one to two page proposal is sufficient; it should include, to the best of your ability at this time, when and where you will be doing your research.

Please return to the Office of the Provost by September 30th of each year.
Thank you!

Provost Office Use Only

Provost
Notify chair of FAC
Trustees
Letter to faculty member
Supplement information

3/27/12