Sabbatical Leave Report Form

Name _____ Coll/Sch _____ Dept _____

Rank _____ Leave Dates _____ through _____

Additional material may be attached in response to the following summary

1. List the objectives of your sabbatical leave as listed in your proposal and indicate how completely they were met.

2. Provide a summary of your sabbatical activities and the associated benefits to yourself and UAA.

3. Funding Source(s) UAA sabbatical salary $_____ months _____
Other _____ $ _____ months _____
_____ $ _____ months _____
_____ $ _____ months _____

_____ _____ _____ _____
Faculty Signature Date Department Chair Signature Date

_____ _____ _____ _____
Director Signature Date Dean Signature Date

_____ _____
Provost Signature Date