Approval Form for Sabbatical Change Requests

Date			
Name of Sabbatical Applicant			
IFO Roster | MSUAASF | Management Position		Academic School | Department | Unit	
Original Sabbatical Semester(s) Dates			
Proposed Change to Sabbatical Semester(s) Dates			
Applicant Comments			
Academic Program | Academic School Chair Comments			
Academic Chair Recommendation			
Academic Chair Signature		Date	
Academic Dean | Supervisor Comments			
Academic Dean | Supervisor Recommendation			
Academic Dean | Supervisor Signature		Date	
Vice President | Division Leader Comments			
Vice President | Division Leader Recommendation			
Vice President | Division Leader Signature		Date	
President Comments			
President Recommendation			
President Signature		Date	

CC the appropriate assistants at each level of the hierarchy when routing this form.

Updated: 04/23/2025