

 **Change Sabbatical Cover Page**

#  Sabbatical Details

|  |  |
| --- | --- |
| Type of change (date, location, proposal, etc) |  |
| Title of proposal |  |
| Period of requested leave |  |
| Primary location of sabbatical (state or country outside the U.S.) |  |
| Is there extramural funding that may be used to fund and/or supplement your sabbatical? |  |
| Date of previous sabbatical leaves at the UI (if applicable) |  |

**Contact Information**

|  |  |
| --- | --- |
| Name |  |
| V# |  |
| College |  |
| Department |  |
| Appointment AY or FY |  |
| Phone |  |
| E-Mail address |  |

 **Checklist of Required Documents**

☐ Cover Page

 ☐ Abstract (if applicable)

 ☐ Statement from ORED approving use of extramural funds (if applicable)

 ☐ Letter from Unit Chair

 ☐ Letter from Dean