

**(Name of faculty member)**

1. Brief description of sabbatical project:

2. Year granted tenure: \_\_\_\_\_

3. Current rank: \_\_\_\_\_

4. Number of semesters completed in full-time teaching or research at the University of Mississippi prior to the effective date of the requested leave, either consecutively or interrupted only by official leave of absence, and since my last sabbatical, if any: \_\_\_\_\_

5. Time leave is requested for:

Fall semester of academic year 2026-2027 (6 months)

Spring semester of academic year 2026-2027 (6 months)

Fall and spring semesters of academic year 2026-2027 (1 year)

Spring semester of academic year 2026-2027 and Fall Semester of 2027-2028 (1 year)

6. During the sabbatical leave, my address will be:

7. Checks indicate that I have provided information required:

A. Attachment A is a detailed description of the project to be carried out while on leave, with an indication of the anticipated end-product (e.g., a book, monograph, new courses, additional experience).

B. Evidence, if such seems indicated, of my special competence to carry out the project.

C. A current curriculum vitae.

D. Copies of my faculty activity reports for the last five years.

E. A statement of other compensation I anticipate during the leave and any service required for this compensation.

8. My signature indicates that I have read, understood, and agree to abide by the Sabbatical Leave Policy of the University of Mississippi.

Signature

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Date \_\_\_\_\_

These materials should now be presented to the faculty member's department chair.

*Application for sabbatical leave shall be submitted through one's department/unit Chair to the appropriate Academic Dean by November 1 and to the Provost/Executive Vice Chancellor no later than November 15 of the proceeding academic year on application forms available in the Office of the Provost/Executive Vice Chancellor.*

## SABBATICAL LEAVE RECOMMENDATION FOR DEPARTMENT CHAIR

To Academic Dean:

As indicated by my statements below (and on attached pages if necessary), I (recommend) \_\_\_\_ (do not recommend) \_\_\_\_ (recommend subject to the indicated conditions) \_\_\_\_ the above application for sabbatical leave. My comments below include a brief statement of the project proposed and a more detailed evaluation of the applicant, with particular reference to his/her qualifications for the project, his/her productivity as a scholar or teacher, and his/her service to the University. In addition, my comments indicate any provisions necessary to be made for this position, should the leave be granted, and the costs involved. I understand that my recommendation shall not be influenced by anticipated costs, even though the cost factor may have to be taken into consideration before a final decision is made.

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Signature of Department Chair

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Date

## SABBATICAL LEAVE RECOMMENDATION FOR ACADEMIC DEAN

To Provost/Executive Vice Chancellor:

As indicated by my statements below (and on attached pages if necessary), I (recommend) \_\_\_\_ (do not recommend) \_\_\_\_ (recommend subject to the indicated conditions) \_\_\_\_ the above application for sabbatical leave. The remarks below provide my evaluation of the project and the applicant, together with any other information that may be helpful in assisting the vice chancellor in making his/her recommendation.

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Signature of Academic Dean

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Date