

**SABBATICANT COURSE COVERAGE FORM**

*(To be completed by Department Chairperson/Program Director/School Dean)*

|  |  |
| --- | --- |
| Name of Department Chairperson, Program Director or School Dean: |  *Enter text here* |
| Faculty Member Requesting Sabbatical: |  *Enter text here* |

Please indicate in what manner courses will be covered during faculty members’ sabbatical.

**SEMESTER - FALL** *Enter Year here*

|  |  |  |  |
| --- | --- | --- | --- |
| **Course #** | **Credit** | **Name of Faculty Covering the Course** | **Extra Cost of Coverage** |
| *Course* |  # | *Name* | *Extra Cost* |
| *Course* | # | *Name* | *Extra Cost* |
| *Course* | # | *Name* | *Extra Cost* |
| *Course* | # | *Name* | *Extra Cost* |
| *Course* | # | *Name* | *Extra Cost* |

**SEMESTER - SPRING** *Enter Year here*

|  |  |  |  |
| --- | --- | --- | --- |
| **Course #** | **Credit** | **Name of Faculty Covering the Course** | **Extra Cost of Coverage** |
| *Course* | # | *Name* | *Extra Cost* |
| *Course* | # | *Name* | *Extra Cost* |
| *Course* | # | *Name* | *Extra Cost* |
| *Course* | # | *Name* | *Extra Cost* |
| *Course* | # | *Name* | *Extra Cost* |

**Return to this form with the completed Sabbatical Proposal to the**

**Sabbatical Committee by October 15th.**