



## FACULTY EDUCATIONAL/SABBATICAL LEAVE APPLICATION FORM

Name of Applicant: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Years of Full-time College Service: \_\_\_\_ Years of Full-time VCCS Service: \_\_\_\_

Current Multi-Year Contract Status: \_\_\_\_\_ Year of \_\_\_\_\_-Year Contract

Please prepare a narrative proposal (no more than five double-spaced, typewritten pages) that fully describes your leave. Please address each of the following areas in your narrative:

- Description of your proposed leave program
- Statement of your professional development goals
- Activities you have participated in which have supported the above goals
- Relationship of the proposed leave program to your professional development goals
- Ways in which the leave program will improve your value to the College
- Ways in which the College has previously provided support to you in achieving your professional development goals
- Evidence available to demonstrate you will be able to accomplish the goals and objectives of the program
- Means by which the program will be evaluated

All applicants for educational/sabbatical leave must include a letter of recommendation from the applicant's immediate supervisor. Teaching and professional faculty must submit their completed applications to the appropriate dean. Administrative faculty must submit their completed application to the College president. Application deadline is January 31.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date