CHRISTOPHER NEWPORT UNIVERSITY

Application for Sabbatical Leave

Name in full _____
last first middle

Phone and office location _____
phone location

Email _____

When were you first employed by CNU? _____
month year

How many years of full-time service do you have with CNU? _____

With what department or professional area are you associated?

_____

What length of leave are you requesting?

_____ one semester (full pay)

_____ two semesters (half pay)

Indicate the semester in which your proposed leave will begin:

_____ fall semester

_____ spring semester

8. Do you plan full-time commitment to the project? _____ Yes _____ No

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ABSTRACT: Please attach an abstract to this application. The abstract is to be limited to one paragraph. A more complete description of the proposal, not to exceed 1250 words, should follow the abstract.