## UNIVERSITY OF MIAMI COLLEGE of ARTS & SCIENCES

## SABBATICAL OR RESEARCH LEAVE APPLICATION SUPPLEMENTAL INFORMATION FORM



Last Revised: September 11, 2024

All leave requests must be submitted via the Department Chair to the Dean's Office (via monicametcalf@miami.edu) for approval.

- Applicants: submit this application and all supporting information to your Department Chair
- Chairs: append a letter of recommendation and forward the complete packet to the Dean's Office no later than November 8, 2024

| Section I: General Information   |  |  |
|----------------------------------|--|--|
| Faculty Name                     | Department   |  |
| Section II: Proposed Leave Dates |  |  |
| <b>Fall 2025</b> (A              | August 15, 2025 – December 31, 2025)                   |  |
| Spring 2020                      | <b>6</b> (January 1, 2026 – May 15, 2026)              |  |
| Academic                         | <b>Year 2025-2026</b> (August 15, 2025 – May 15, 2026) |  |

**Calendar Year 2026** (January 1, 2026 – December 31, 2026)

## Section III: Additional Information

Please provide the following information in addition to the plan of activity and updated curriculum vitae:

• List below any course releases or leaves taken during the past six years. Please include dates and reasons:

• List below College and University committees where your term continues through the research leave dates; indicate whether or not you will be able to meet your commitments to those committees while on leave:

• Similarly, list below thesis or dissertation committees that maybe affected by the leave and whether special arrangements will be required to accommodate the students (for example, if you plan to be out of town for a substantial portion of the leave):

• Comments re: special accommodations (use separate page if needed):

| Faculty Signature   | Date                                       |  |  |
|---|--|--|--|
| TO BE COMPLETED BY DEPARTMENT CHAIR   |  |  |  |
| In addition to the letter of recommendation, please provide the following information:  |  |  |  |
| Courses taught by this faculty member will not be offered or will be covered by colleagues at no additional cost  |  |  |  |
| Supplemental funding requested for part-time replacement(s), i.e., request replacement funding only for classes (sections) that you intend to offer that had been taught by this faculty member |  |  |  |
| Number of courses   | \$ per course (salary only, excluding CFB) |  |  |
|   |  |  |  |
| Department Chair  | Signature Date                             |  |  |