



Sabbatical Class Reset Form

Name: _____

Department: _____ College/School: _____

Original Sabbatical Class Year: _____

Year of Last Sabbatical: _____

Revised Sabbatical Class Year: _____

Signatures

Department Chair: _____

Date: _____

Dean (or designee): _____

Date: _____

Notes: _____

Approval

Office of the Provost: _____

Date: _____

Notes: _____