

**Division Dean(s)\*\***

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

The Sabbatical Leave Committee relies upon your input in evaluating sabbatical leave proposals. Please make specific comments regarding this proposal that would be helpful to the committee.

Name of Division \_\_\_\_\_

Name of Division Dean \_\_\_\_\_

1. Comments (attach letter if necessary):

2. Plan for replacement (generally hourly, unless there are extenuating circumstances).

The plan for replacement has been jointly approved by the Department Chair(s) and Dean(s). (Mark with an "X")

Yes \_\_\_\_\_ No \_\_\_\_\_

3. How will department continuity and class continuity be assured under this plan?

\_\_\_\_\_  
DIVISION DEAN SIGNATURE

\_\_\_\_\_  
DATE

\*\* If the applicant teaches in more than one department, the approvals of the appropriate Department Chair(s) and Dean(s) are required.