

**ONE SEMESTER NON-TEACHING ASSIGNMENT / SABBATICAL LEAVE REQUEST FORM**

Applicant: \_\_\_\_\_ Semester / year assignment is being requested: \_\_\_\_\_  
Division Name: \_\_\_\_\_ Date of Application Submission: \_\_\_\_\_  
Beginning of full-time employment at College of DuPage: \_\_\_\_\_ (month/year)  
Rationale of why this particular semester / year is being requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had a One-Semester/Quarter Non-teaching Assignment and/or Sabbatical Leave?

Please check: No \_\_\_ Yes \_\_\_ If Yes, when? \_\_\_\_\_

Brief abstract of last leave's purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS, BY NUMBER, ON A SEPARATE SHEET:

**\*\*\*COMPLETED REQUESTS SHOULD BE FIVE PAGES OR LESS\*\*\***

1. What is the proposed leave activity?
2. What are the projected benefits for the: a) students; b) faculty applicant; and c) program; d) college community.
3. How will you evaluate the project?
4. Please write a brief abstract summarizing your project including goals and anticipated outcomes (75 words).

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Dean Recommendation:     Support     Non-support

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For further information refer to the Contractual Agreement Between the Board of Trustees of College of DuPage and College of DuPage Faculty Association IEA/NEA, 2012-2015 Section I 9: Leaves: Sabbatical and One Semester Non-teaching Assignment; I 9.1 Sabbatical Leaves; and I 9.2 Semester Non-teaching Assignment Leave.

**As a reminder, a presentation to appropriate colleagues must be completed within six calendar months of return.**

**Please consult with your Associate Dean or a former Sabbatical or Leave recipient if you would like feedback or advice.**