



Yeshiva University
YESHIVA COLLEGE
Office of the Dean
P:212-960-5214
F:212-960-0846

Preliminary Application Sabbatical / Research Leave

Name of Applicant: _____ Department: _____

I herewith wish to apply for a research/sabbatical leave at:

_____ Full pay for the _____ semester

_____ Half pay for a one year period beginning: _____

_____ Outside research funding pending:

Funding Source: _____ Amount: _____

Please submit the following information as separate attachments.

1. List of previous leaves with dates
2. One-page statement of planned research work during leave
3. Curriculum vitae

Applicant Signature: _____ Date: _____

Please submit this form to your department chair for his/her review and approval.

For Department Chairs Only:

Department Chair's Recommendations: (Including considerations of the department's personnel needs and budgetary implications) _____

Department Chair Signature: _____ Date: _____