

Sabbatical Class Enrollment Form

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| Name:  Department:  College/School/Program:  Sabbatical Class Year Selected: |  |  |
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| **Faculty Signature** | **Date** |

After you have completed the information requested above, please sign and date this form and route it appropriately.

Endorsements:

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| Department Chair | | | | |
| Signature | |  | Date |
| Dean or Director | |
| Signature | |  | Date |

Distribution by Dean’s or Director’s Office

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|  |  | Original to Faculty Member  Copy to Dean/Director  Copy to Chairperson  Copy to Office of the Provost |
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