New York University APPLICATION FOR SABBATICAL LEAVE	APPROVAL SIGNATURES	<u>.</u>	DATE
	CHAIRPERSON:	CHAIRPERSON:	
	DEAN:		
	PRESIDENT'S OFFICE:		
IAME:			
IAME:LAST	FIRST	MIDDLE	
OME ADDRESS:			
CHOOL:	DEPARTMENT:		
ATE OF INITIAL FULL TIME APPOINTMENT	AT NYU: EFFECT	VE DATE OF TENURI	E:
AVE YOU BEEN GRANTED A PREVIOUS S	ABBATICAL? YES	NO	
"YES" PLEASE INDICATE PERIOD AND SA DATES	ALARY SCHEDULE: SAL	ΔRV	
DATES		AGE OF BASE	
FROM TO	SALARY	RECEIVED	
VITH REFERENCE TO YOUR CURRENT API		3/4 BASE SALARY?	
TATE INTERVAL OR DATES OF CONTEMP	LATED LEAVE:		
STIMATED TIME REQUIRED TO COMPLET	E PROJECT:		
ORM OF FINISHED PROJECT: (BOOK, REP	PORT, ARTICLE):		
LEASE GIVE A SHORT DESCRIPTION OF Y	OUR SABBATICAL PROJE	CT (additional page may	be appe
- VOLUMANE ARRUER EOR CURRE - 17-1	U 51NANOIAL A15 50 411 0	LITOIDE AGENCY = 2	D =- :-
FYOU HAVE APPLIED FOR SUPPLEMENTA ERIOD OF THE PROPOSED SABBATICAL,	AL FINANCIAL AID TO AN O PLEASE STATE:	UTSIDE AGENCY, FC	K IHE
AME OF AGENCY:			

AMOUNT OF SUPPLEMENTAL FINANCIAL AID SOUGHT:

NATURE AND EXTENT OF COMMITMENT RECEIVED:_____

APPLICANT'S SIGNATURE:_____DATE:____

[FORM #107 - 04/03/00]