



**Sabbatical Leave Supervisor Recommendation  
Michigan Technological University  
Houghton, Michigan**

Form for completion by Department Chair (or immediate supervisor of applicant) and  
College or School Dean

This form is designed to be completed in Microsoft Word. Supporting documents should be incorporated into the same file or into one additional file. Final submission of the application should include this form as an email attachment to the Chair of the Sabbatical Leave Committee. Please submit a single hard copy to the Chair of the Sabbatical Leave Committee with original signatures.

For more information about Sabbatical Leaves, please visit the webpage:  
<http://www.admin.mtu.edu/admin/prov/hiring/sabbatical.htm>

Name of applicant:

Name of Department Chair or immediate supervisor of applicant:

Department, Division, Institute

What provisions have been made to cover the applicant's teaching while on sabbatical leave?

What provisions have been made to cover the applicant's research obligations while on sabbatical leave?

What provisions have been made to cover the applicant's service obligations while on sabbatical leave?

Are there any potential conflict of interests arising from the sabbatical leave, and if so have these gone through the conflict of interest committee?

Are you in support of the proposed sabbatical leave? Why? Or why Not?

Date forwarded to Sabbatical Leave Committee:

Concurrence: Department Chair or immediate supervisor signature and date:

Concurrence: College or School Dean signature and date: