

Application for Sabbatical Leave For Academic Year 2026-2027

APPLICATION DEADLINE: Thursday, October 9, 2025 by 5:00 p.m.

Applications received after the stipulated deadline will not be considered. Please merge this file with your application material before signing it. Applicants must submit by email to: AA-BAP@usf.edu.

Designate order of	preference (1=most pr	referred) - You are not obliga	ated to fill out every box:	
One Semester at FI	JLL PAYFall	Spring		
Two Semeste	rs at ONE-HALF PAY (Fa	all and Spring)		
Last Name		First Name		
Rank: Associa	te Professor □ Profe	essor 🗆 Other		
Date of Rank				
College				
Campus				
Term of Last Sabba	tical* (if applicable) _			
Type of Last Sabba	tical 🗆 One Semeste	er/Full Pay 🔲 Two Semesto	ers/Half Pay	
*If an applicant has	previously been awarde	ed a sabbatical, please attach	a copy of the report from	that sabbatical.
		ching since date of initial USF e time, sponsored research, e	• • •	sabbaticals. For example: leave
**Indicate "with" or	"without" pay.			
Date	Purpose			Pay**
-				

A.	Attach a detailed description and work plan (including a detailed timeline for accomplishing discreet phases of your work
	plan) of your proposed sabbatical program. If your options include both a full-pay and half-pay sabbatical, provide a
	workplan and timeline for both. (Limit to 3 pages, double-spaced)
	All applicants must also provide a current curriculum vitae.

B.	Describe the	hanafite of	VOUR PRO	nacad cabl	hatical to	٠.
D.	Describe the	penents or	your prop	Duseu sabi	บลแบลเ เบ	

(1) Yourself (Max. 800 characters)

(2) The University - Please include how your proposal aligns with USF's strategic priorities advancing student success and research excellence.



(3) Your	Profession	/Disciplin	ne (Max	ደበበ	characters)
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C. If you are applying for a one-semester, full-pay sabbatical, describe what can be accomplished by your proposed sabbatical that otherwise could not be accomplished. For example, the need for off-site work, concentrated blocks of time, etc., and the probability of successful completion of your sabbatical goals. If you have selected a full-pay one semester as one of your choices, you must provide an explanation here. (Max. 800 characters)

D.	Report here any anticipated supplemental income to be received during the sabbatical period, plus the form/nature and
	source of the income. If planning to receive income from a USF grant/contract, append your Chair's/Director's written
	verification that conditions stipulated in Sabbatical Policy and Procedures Item VIII, for receipt of USF grant/contract salary,
	have been met. (Max. 800 characters)

E. Report here, or by accompanying letter, any additional information that you deem worthy of consideration by the selection committee. Letters of invitation or recommendation should be attached to the application. (Max. 800 characters)



Do you know of any other leave that would conflict with your Sabbatical Leave? <i>Note: The "Yes" option is automatically selected because this is a required field. If there is no conflict, please check "No".</i>		
☐ Yes		If yes, please describe:
	ons of the	the applicant attests that the information submitted in this form is correct and agrees to comply with the sabbatical program as described in the current Guidelines.
 Departr	nent Cha	ir/Director*
Campus	Dean or	Regional Vice Chancellor (if applicable)*
College	Dean*	
*Constit	tutes acki	nowledgment only; does not imply endorsement of application.