APPLICATION for SABBATICAL LEAVE

Name of Applicant   _____________________________________________________
                     Last     First     M.I.

Employed at College of the Canyons beginning _____________________________
                     Month    Year

Date of last sabbatical leave: _____________________________________________
                     From:     Month    Year    To:     Month    Year

Type of sabbatical leave requested:

A. One Semester:           Fall _________       Spring _________

Effective Dates:           From: _____________________________

                             To: _____________________________

B. One Year:

Effective Dates:           From: _____________________________

                             To: _____________________________

Purpose of sabbatical leave:

_____ A.    Formal class work in pursuance of an advanced degree or to increase proficiency in teaching field (per COCFA Contract)

_____ B.    Formal class work in pursuance of proficiency in a discipline other than the instructional discipline (per COCFA Contract)

_____ C.    Program of independent study other than formal class work
I. In the space below present a statement of your proposed plan, including a description of the nature of your project, the design or outline to be followed. Include objectives, activities, timelines, and/or benchmarks that will provide progress measures for your plan.

II. How is your application linked to a departmental, divisional, or institutional goal as specified in the College’s Strategic Plan or the College’s Professional Development Plan?
III. How is your application of demonstrable benefit to students?

IV. How will the end result of your sabbatical be of value to your COC colleagues” How will you disseminate the information? What observable end products do you foresee being developed as the result of this sabbatical (e.g., instructional materials, findings, transcripts, portfolio, publications, etc.)?
V. State the anticipated end result, particularly as it will help you to render a more effective service to College of the Canyons.

Please attach any additional documentation that might enable the committee members to better understand your proposal.

Any change or modification of the plans as evaluated and approved by the Committee must be submitted to the Committee for reconsideration.

Due Date: November 1 for the following academic year
Place: Office of Instruction

10/13/98