

CLEMSON UNIVERSITY
REQUEST TO REVISE SABBATICAL LEAVE

Name: _____

Original Date of Requested or Approved Sabbatical: _____

I am withdrawing my sabbatical application

I am requesting to reschedule my sabbatical application

Reason for request to revise (add attachments and/or related documentation, if applicable):

Intended Semester(s) of New Sabbatical, if rescheduling: _____

Academic Semesters for 9 Month Faculty: August 15 – December 31 or January 1 – May 16

Academic Semesters for 12 Month Faculty: July 1 – December 31 or January 1 – June 30

CONDITIONS

It is understood and agreed that this sabbatical leave is requested and granted in good faith. The University and I fully intend that I resume my normal duties with the University at the approved end date for this sabbatical. It is further understood and agreed that this sabbatical is subject to the terms of the University’s Sabbatical Reimbursement Agreement form, which is part of the Request for Sabbatical Leave Form (see: <https://www.clemson.edu/provost/faculty-affairs/sabbatical.html>).

Faculty Signature: _____

APPROVALS:

Department Chair / School Director

Dean

Provost and Executive Vice President for Academic Affairs