

YESHIVA UNIVERSITY
Office of the Provost

Application for Sabbatical Leave

Name of Applicant: _____

College/School: _____

Date of Prior Sabbatical Leave (if applicable):

Please specify the year and, when relevant, semester below.

I am applying for a sabbatical leave during:

_____ semester at full pay

_____ academic year at half pay

and under the conditions described below: