

**Applicant's Name:**

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**Applicant's Department:**

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**Applicant's Rank/Position:**

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**Applicant's Years of Service:**

**Year of Applicant's Tenure Decision:**

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**Title of Project:**

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**Sabbatical/Fellowship Support Time Period Requested:**

- 2025-2026 Academic Year (up to 65% compensation)
- Fall 2025 Semester (up to full compensation)
- Spring 2026 Semester (up to full compensation)

**[OPTIONAL] The applicant for sabbatical/fellowship is a (please check as applicable):**

- Member of an Ethnic or Racial Minority
- Woman

**AFFIRMATION**

I hereby agree to return to the University of Wisconsin-Whitewater for at least one academic year of full-time service immediately following the completion of my sabbatical/fellowship, or repay any compensation (salary plus the University's share of fringe benefits) I have received from the University during the sabbatical/fellowship.

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(Applicant's Signature)

(Date)