

Applicant's Name:

Applicant's Department:

Applicant's Rank/Position:

Applicant's Years of Service:

Year of Applicant's Tenure Decision:

Title of Project:

Sabbatical/Fellowship Support Time Period Requested:

- ☐ 2024-2025 Academic Year (up to 65% compensation)
- ☐ Fall 2024 Semester (up to full compensation)
- ☐ Spring 2025 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.

(Applicant's Signature)

(Date)