

University of Colorado Denver
Amendment to Application for Sabbatical Assignment

Name & Rank of Applicant

School/College/Library and Department/Program

Date of Last Sabbatical

Dates of Approved Sabbatical

I am submitting this request to amend my original Application for Sabbatical Assignment. I request to modify my sabbatical as follows, for the reason(s) explained:

The new term of my sabbatical will be:

☐

Fall

☐

Spring

☐

Academic Year (AY)

☐

Calendar Year (CY)

Signatures

I request amending my sabbatical application as described above:

(Applicant signature)

Date

Approvals:

Department Chair or Unit Head

Date

(Or chair of department committee, if applicable)

Dean

Date

Chief Academic Officer

Date

(Provost/Executive Vice Chancellor or designee)