

University of Colorado Denver | Anschutz Medical Campus
Amendment to Application for Sabbatical Leave

Name & Rank of Applicant

School/College/Library/Department

Date of Last Sabbatical

Dates of Approved Sabbatical

I am submitting this request to amend my original Application for Sabbatical Leave.
I request to modify my sabbatical as follows:

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 or Library Director

Date

Chief Academic Officer

Date

(Provost/Executive Vice Chancellor or designee)