

CLEMSON UNIVERSITY
REQUEST to REVISE SABBATICAL LEAVE

Name: _____

Original Date of Requested or Approved Sabbatical: _____

I am withdrawing my sabbatical application

I am requesting to reschedule my sabbatical application

Intended Semester(s) of New Sabbatical, if rescheduling: _____

CONDITIONS

It is understood and agreed that this sabbatical leave is requested and granted in good faith and with the full intention of having me resume my duties in active service with the University at the expiration of the stated time period. It is further understood and agreed that following this sabbatical leave of absence, I shall return to active service with the University as per the University's Sabbatical Reimbursement Agreement form (see <https://www.clemson.edu/provost/faculty-affairs/sabbatical.html> for more information)

Faculty Signature: _____

Title: _____

APPROVALS:

Immediate Supervisor

Dean

Provost and Executive Vice President for Academic Affairs