

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

.....
Name & Rank of Applicant

.....
School/College/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

Date

Chief Academic Officer

Date

(Provost or his/her designee)

Submit to Betsy Metzger, PhD

Faculty Affairs Senior Coordinator, Office of the Provost

