



OCAD University APPLICATION FOR SABBATICAL

(To be filed with the Chair of the Professional Development Committee no later than September 1st in any year)

Date of Application: _____

I. GENERAL INFORMATION

Name: _____

Faculty: _____

Rank: _____

Date of joining the University faculty: _____

Type of Sabbatical requested (full/half): _____

Date(s) of previous sabbatical(s): _____

Period of requested sabbatical: _____

II. PROPOSED PROGRAM

The granting of sabbatical with pay is, in effect, the awarding of a major research or study grant which should benefit the University. Individuals applying for sabbatical should keep this in mind, and provide adequate information so that a fair assessment and a reasonable decision may be achieved.

- a) Please provide a concise summary program of study or work during sabbatical in the space below.

- b) In order to determine the validity of your request, please provide detailed information to the committee that will be commenting on and making recommendations and decisions on your proposals. Two additional pages should suffice. Include as applicable the following information:
1. Scope and objectives - including expected professional practice, publications or benefits of the proposed research project.
 2. Artistic or scholarly significance, including potential contribution either to existing professional work with regard to this project, research and literature, or to teaching development.
 3. Work already completed and in progress.
 4. Practice or research plans and methods.
 5. Travel plans including specific information on special arrangements such as acceptance at or affiliation with other institutions.
- c) List applications made for grants, or grants received, related to this sabbatical.

- d) Please attach a curriculum vitae.
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III. Agreement

If I am granted a leave with pay, I agree to return to the University for a period of service equal to two academic years and to file a report to the Dean of Faculty with a copy to the Vice-President, Academic. In default, I agree to reimburse the University in accordance with the terms of the then current M.O.A.

Signature: _____

Date: _____

To be forwarded to the OCADA Academic Council and Board of Governors upon approval by the Professional Development Committee.

Name: _____

Faculty: _____

Please provide a 25 word (maximum) title/description of your proposed project.