



## Sabbatical Class Reset Form

Name: \_\_\_\_\_

Department: \_\_\_\_\_ College/School: \_\_\_\_\_

Original Sabbatical Class Year: \_\_\_\_\_

Year of Last Sabbatical: \_\_\_\_\_

Revised Sabbatical Class Year: \_\_\_\_\_

### Signatures

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean (or designee): \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

### Approval

Office of the Provost: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_