

YESHIVA UNIVERSITY  
Office of the Provost

*Application for Sabbatical Leave*

Name of Applicant: \_\_\_\_\_

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

Date of Prior Sabbatical Leave (if applicable):  
\_\_\_\_\_

*Please specify the year and, when relevant, semester below.*

I am applying for a sabbatical leave during:

\_\_\_\_\_ semester at full pay

\_\_\_\_\_ academic year at half pay

and under the conditions described below: