

Applicant's Name: _____

Applicant's Department: _____

Applicant's Rank/Position: _____

Applicant's Years of Service: _____

Year of Applicant's Tenure Decision: _____

Title of Project: _____

Sabbatical/Fellowship Support Time Period Requested:

- 2025-2026 Academic Year (up to 65% compensation)
- Fall 2025 Semester (up to full compensation)
- Spring 2026 Semester (up to full compensation)

[OPTIONAL] The applicant for sabbatical/fellowship is a (please check as applicable):

- Member of an Ethnic or Racial Minority
- Woman

AFFIRMATION

I hereby agree to return to the University of Wisconsin-Whitewater for at least one academic year of full-time service immediately following the completion of my sabbatical/fellowship, or repay any compensation (salary plus the University's share of fringe benefits) I have received from the University during the sabbatical/fellowship.

(Applicant's Signature)

(Date)