



**UNIVERSITY OF WISCONSIN-WHITEWATER
DEPARTMENT AND COLLEGE
SUPPORT FORM**

Applicant Name: _____

Department: _____

Sabbatical/Fellowship Support Time Period

- 2012-2013 Academic Year (up to 65% compensation)
- Fall 2012 Semester (up to full compensation)
- Spring 2013 Semester (up to full compensation)

Supplemental support required through a Chancellor's Fellowship?

- NO YES

Title of Project: _____

DEPARTMENT SUPPORT

- I support this application for sabbatical leave/fellowship. The Department has committed the resources to support the personnel expenses related to this sabbatical leave request as described below.

Briefly, describe how staffing arrangements have been made to maintain quality instructional services to students during the leave.

- I support this application for sabbatical leave IF AND ONLY IF Supplemental Sabbatical Support is secured.

Briefly, justify the need for Supplemental Sabbatical Support.

-CONTINUED-

DEPARTMENT SUPPORT CONTINUED

- I am unable to support this application for sabbatical leave / fellowship.

Describe rationale for lack of support.

Signature of Department Chair

Date

COLLEGE SUPPORT

- I approve the proposed activity, the semester(s) requested, and the arrangements for covering the applicant's teaching responsibilities during the leave.
- I support this application for sabbatical leave IF AND ONLY IF Chancellor's Fellowship is secured.

Briefly, justify the need for Supplemental Sabbatical Support.

- I am unable to support this application for sabbatical leave.

Describe rationale for lack of support.

Signature of College Dean

Date