



**INDIANA UNIVERSITY  
SOUTH BEND**

## **REPORT ON COMPLETION OF SABBATICAL LEAVE**

NAME

DEPARTMENT

LEAVE PERIOD

This form is provided for your report on completion of a period of sabbatical leave as required by the terms of the sabbatical leave program. Please send one copy to the Executive Vice Chancellor for Academic Affairs and one copy to your department chairperson or dean. The report should be completed and distributed no later than three (3) months after your return to campus.

The Report on Completion of Sabbatical Leave are available for use in evaluating subsequent applications for sabbatical leave. It is important to describe your activity while on sabbatical in detail; and to show clearly the professional benefits derived from the leave.

### **Provide detailed information; fields expand**

Nature of the activity while on sabbatical leave

(description of research, creative activity, postdoctoral study, or other project)

**REPORT ON COMPLETION OF SABBATICAL LEAVE, continued**  
**Provide detailed information; if additional space is needed, please use a separate sheet**

Progress toward completion of the work for which sabbatical leave was taken  
(present status of research, development of creative activity, etc.)

**REPORT ON COMPLETION OF SABBATICAL LEAVE, continued**  
Provide detailed information; if additional space is needed, please use a separate sheet

Description of travel and residence away from home during sabbatical leave

Plans for publication (or other action) to make available to the public the product of your sabbatical leave activity

**SUPPORTING DOCUMENTATION**

Is supporting documentation attached (research paper/s, list/s of links, etc.)?      Yes      No

**SIGNATURES**

\_\_\_\_\_  
Faculty Member      Date Signed

\_\_\_\_\_  
Dean      Date Signed

\_\_\_\_\_  
Executive Vice Chancellor for Academic Affairs      Date Signed