Signature Page

Faculty Person:

I agree to the terms of the sabbatical policy as presented in the Faculty Handbook including the submission of a written summary of the results of my work to my Chairperson, the Departmental Sabbatical Review Committee, my Dean, and the Associate Provost for Faculty and Administrative Affairs. I agree to return to regular faculty service, as indicated in the Faculty Handbook, at the University of Dayton.

Printed Name			
Applicant's Signature		Date	
Departmental Sabbatical Review Co The committee reviewed and appreviewing faculty members are require	roves the sabbat	ical plan proposal. (The signatures n an attached document.)	of at least three
Committee Member Signature	Date Con	mmittee Member Signature	Date
Committee Member Signature	Date	Committee Member Signature	Date
Chairperson: I approve of the sabbatical plan proposal.	along with the	departmental sabbatical review con	nmittee for this
Chairperson's Signature		Date	
<u>Dean:</u>			
Dean's Signature		Date	
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