

FINAL REPORT OF SABBATICAL LEAVE
ACTIVITIES

NAME _____ COLLEGE _____

PERIOD OF LEAVE ____-Fall ____-Spring ____-Academic Year _____

The final report of your sabbatical leave activities is due in the office of your college president two weeks prior to the date you plan to be reinstated. Please remember that if you wish to teach summer school, the report must be submitted before summer school begins or you will not be eligible to teach.

Format: The format for your sabbatical report should follow very carefully the format for the application.

General Statement: Restate the description of your overall proposal and explain, in general, what you accomplished on your sabbatical. One or two paragraphs should provide this information.

Objectives: Each objective from your application should be itemized, and then clear information on how you accomplished these objectives, both qualitatively and quantitatively, must be provided. Evidence of completion needs to be presented, and you should indicate how these objectives relate to improving your future work at the City Colleges.

Relationship to Future Assignment and Improvement of Student Learning: In a conclusion or summary statement, clearly indicate how the totality of the objectives, and the experience of the sabbatical will enhance your service to the City Colleges either through expected future assignments or through the improvement of student learning. If you took specific courses, indicate their relevance to the college and your teaching in the objective section and provide a general review in this conclusion.

Length: The sabbatical report should reflect intensive work on your part and must provide sufficient detail. Therefore, the report should be between five and ten pages in length (typed, double spaced, please). Be sure to keep a copy of the report for your records.

Attach your final sabbatical report to this form.

Reporting: You may be asked to share what you have mastered during this semester with your colleagues at the City Colleges.

I will report for duty on the first of _____ -the Spring _____ semester.
_____ - the Summer _____ semester.
_____ -the Fall _____ semester.

(Signed) _____ Date: _____ Faculty
Member

Send the signed copy to your recommendation to reinstate (or not reinstate) the faculty member to: Provost Vernese Edghill-Walden, Academic Affairs General Education, District Office.

(Signed) _____ Date: _____
President

Approved for Reinstatement: _____ Date: _____