



POST SABBATICAL LEAVE REPORT APPROVAL FORM

Sabbatical Report for: _____

Department: _____

College: _____

Per BSU Policy #4400, please review the report, indicate your acceptance/non-acceptance of the report and forward to the next appropriate person. Thank you for your assistance in this matter.

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not Acceptable	_____	_____
		Department Chair Signature	Date
<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not Acceptable	_____	_____
		Dean Signature	Date
<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not Acceptable	_____	_____
		Provost & Vice President for Academic Affairs Signature	Date

The Sabbatical Leave Report accompanying this approval form has been received at the Boise State University Library Archives.

University Archives Representative Signature

Date

After signing this form, The University archives representative will forward the form to the faculty member whose final report was approved and archived.