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| **Kaohsiung Medical University**  **Sabbatical Leave Application Form** | | | | | | | | | | | | | |
| Applicant | College/  Department | | | |  | | | Substitute | College/  Department | | |  | |
| Academic Rank | | | |  | | | Academic Rank | | |  | |
| Name | | | | Signature or seal | | | Name | | | Signature or seal | |
| Date of appointment to KMU | | | | |  | | | Years of service as a professor | | | | Date from  totals years | |
| Period of sabbatical | One year | | | | Date from Date to | | | | | | | | |
| Half year | | | | Date from Date to  Date from Date to | | | | | | | | |
| Overseas research | | | □Yes □No | | | Overseas venue for research | | | |  | | | |
| Outline of the sabbatical leave plan:   1. Title:   2. Summary:  3. Planned work items and specific outcomes to be achieved:  Continue on a separate sheet if necessary. | | | | | | | | | | | | | |
| Hospital HR | | Hospital Department Head | | | | | | | | | Hospital Superintendent | | |
|  | |  | | | | | | | | |  | | |
| Department Head  (Submitted to the Department Faculty Evaluation Committee) | | | | Dean  (Submitted to the College Faculty Evaluation Committee) | | | Human Resources Office  (Compiled and submitted to the University Faculty Evaluation Committee) | | | | Vice President | | President |
|  | | | |  | | |  | | | |  | |  |

\*Applications by joint appointment faculty from hospitals must be approved first by the pertinent Hospital.

\*The application should be accompanied by a proposal, and be reviewed sequentially by the Faculty Evaluation Committee at all three levels.